#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

() () () () 1 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

AND A CARLO MAINTAIN	TIME TO CANA		Troum of the state of the
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Allegany	MARYLAND	STATE Md. COUNTY Allega	nv
CITY (If outside corporate limits, write RU OR and give nearest town) TOWN Frostburg	RAL LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Frostburg	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS rear, 54 Bro		STREET (If rural, give location) ADDRESS rear, 54 Broadway	
3. NAME OF (First) DECEASED: (Type or Print) Vivian	(Middle) Judd Ab	(Last) 1. DATE (Month) (Day OF JEATH Jan. 3	(Year) 19 56
omale white species	WED DIVORCED. S. DAT	yıs.	YEAR IF UNOER 24 HRS. ays llours Min.
10m. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS O		COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
Edward Riley Judd		Maud may Preston	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS: Frostburg, 11	d.
no service) None	None	(mother) Laud lay Freston Ju	
Antecedent cause(s)  Diseases or conditions, if any.  giving rise to the above cause DUE TO  stating underlying cause last (c)  11. OTHER SIGNIFICANT CONDITIONS CON  TO THE DEATH BUT NOT RELATED  DISEASE OR CONDITION CAUSING DEA	TRIBUTING THE	ia	She had a cough about 5 weeks.
19a. DATE OF OPERATION: 19b. MAJOR I	FINDING OF OPERATION:		Yes No
PRIMARY or CONTRIBUTING CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour)			(State)
OF INJURY M.	While at Not while work at work		
find that death resulted from: N SIGNATURE  H. V. Doming 1. DATE THERE REMOVAL (Specify):  Burial 1-7-56	atural causes [ , Acci	ry or crematory   Location (City, town, or ec	DATE SIGNED an. 5-1956 punty) (State)
REG - 7. 56 Due 16	mey N. KAR	Bull H. Writtent Frostburg,	Nd.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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1. PLACE O	FDEATH				2. USUAL R	ESIDENCE (	HOME) OF D	ECEASE	D	
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HOSPITAL O	R	4	- (वड्	/5	STREET ADDRESS	umier Lar		ive location)		1
STREET ADDR	ECC	ed Hear	t Hospital		RDUNGSS	277 7713		1		
3. NAME OF DECEASE			(Middle)		(Lost)	4	OF (Mo	enth)	(Dey)	(Yeer)
(Type or Print	Mary 6. COLOR CR		Virginia E. MARRIED.	I B. DATE OF	Reprett.	10 4	GE lest birthdey	12/54	R 1 YEAR	19 HF UNDER 24 H
3. SEA	RACE	WIDO (Specif	WED, DIVORCED,	1/23/	1895		60 yrs.	Months	Deys	Hours Min
	UPATION (Give kind most of working life,		106. KIND OF BUSINE	SS	11. BIRTHPLACE (SH	te or foreign cou	nlry)	1	Z. CITIZE	N OF WHAT
refireHou	sewife		June	tome		rrinia			77 (	
13. FATHER'S NA	IME				14. MOTHER'S	MAIDEN NAME				
Marric	Smith					Pmy	na Eush	C		
	SED EVER IN U. S. A			CURITY NO.	17. INFORA	AANT & ADDRES	iS			
(Yes, no, or unk.)	(If Yes, give war o	r dates of service	·) None		Mrs	Dhw 11i	s. McGar	1 ch ou	Ci	ity
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			18. ME	DICAL CER			Sharthar	remer	I INTE	RVAL BETWEEN
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BINY	CONDITIONS DIRECTI	LY LEADING TO	DEATH 18. ME	4		And the first of the	Shirtha C	aguey	I INTE	RVAL BETWEEN
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ANT DISEASES OR CO	MEDIATE CAUSE	(A) DUE TO (B) E DUE TO	BATH	4		hep	2	2	INTE	RVAL BETWEEN
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INSTRUCTION

The law requires that the death certificate be executed within 24 hours

after d

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ATTENDING PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

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BUREAU V. S.

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# CERTIFICATE OF DEATH

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18				g. Dist. 140	************
1. PLACE OF DEATH		2, USUAL RESIDENCE	E (HOME) OF DE	CEASED	
COUNTY ALLEGANY	MARYLAND	STATE MARYTAND	COUNTY	ALLEGANY	
OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporal OR	e limits, write RURAL en	d give nearest town)	
CUMBERLAND	7 days	TOWN CUMBERT	AND		020
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(Il rural givi	location)	1
CTREET ADORECT	PTTAT.	_	REDERICK S	STREET	* -
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mont	THE RESERVE OF THE PERSON NAMED IN	(Year)
(Type or Print) FT.T.A FT.T.	ZABETH BEC	TOTAL TO TO	DEATH 1	1-20-56	19
5, SEX   6. COLOR OR   7. SINGLE, MAR	RIED,   8. DATE	KWARD DE BIRTH 9.	AGE last birthday		IF UNDER 24 HI
F C WIDOWED, (Specify) MA	DIVORCED,	5-15-21	3), yrs.	Months Days	Hours   Min
	CIND OF BUSINESS	11. BIRTHPLACE (State or foreign	24 !	I 12. CITIZEN	OF WHAT
	senbaum Dept		78	COUNT	TRY?
3. FATHER'S NAME	***	MARY LAND	Cumberlan	d U.S.	. A .
3. FATHER 3 NAME	,10	14. MOTHER 3 MAIDEN TO	CYNE		
JOHN JONKS X Ster			ones		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS		
No	217-16-5220	CHART			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ta. MEDICAL CE	RTIFICATION	0		ET AND DEATH
m m 1	10 man	man 1/ Hen	and here	-	dem.
330 X IMMEDIATE CAUSE (A)	ac - Mari	one of the	and and	12.5	The state of
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)			V		0
GIVING RISE TO THE ABOVE CAUSE					
STATING UNDERLYING CAUSE LAST. DUE TO					
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
198. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION			1	AUTOPSY?
				YES	NO [
OR CONTRIBUTING [ CAUSE OF DEATH   OF INJURY street	me, ferm, fectory, , office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(Cuh ot tows)	(County)	(State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21	e. INJURY OCCURRED 1	21f. HOW DID INJURY OCCUR?			
W	hile Not white at work	ZH, HOH DID HARRY O'CLOK			
		2 . F/ Qu	715 57		
22. I hereby certify that I attended the dec	11	3 1956 to Jun			
	id that death occurred a	M, from the car	uses and on the d		).
SIGNATURE LO	0. 1. 1.	LI In in ADDR	ISS (STOOL, CITY, SOWI	de la la	1/DIL
vi / romall	MANE OF CONSTRUY OR	COSHAZONY	I OCATION (CT.	and had	1/24/16
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CKEMATORY	LOCATION (City, fown	or county)	( /(Strite)
Burial Jan. 23, 19	56 Woodlawn	Cemetery C	umberland		and
240 REC'D BY REGISTRAR REGISTRAR'S SIGNATUL	1-	25. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS	
100. 72 pt // 1/2. I	tral MI	Hafer The	amal Cam	rian On	mhanla

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NTAHO TO STADISTING,

BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH	C	ER'	ΓIFI	CA	TE	OF	DE	ATH
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sth. After	CEDI	TIELCATE	OF DEA	TH	00005
death. ird cop	CER	IFICATE	OF DEA		Dist. No.
눈은	1. PLACE OF DEATH		2. USUAL RESIDEN		
the aft	COUNTY Allegany	MARYLAND	STATE Mary I		Allegany
or, 1	CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)		orate limits, write RURAL and	
72 hours after director, the	02 TOWN Cumberland	23 vrs.	TOWN -	rland	
P -	HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(It rurel give	location)
within	3. NAME OF (First)		10%	7 Penhurst	
2 a	DECEASED	terman 1	(last) Beery	4. DATE (Month)	25
gistrar the	5. SEX   6. COLOR OR   7. SINGLE, MARRIEI	D. I B. DATE OF			IF UNDER 1 YEAR   IF UNDER 2
6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6	Female White (Specify) me	DRCED,	. 5.1910	-	Aonths Deys Hours
e in	10e, USUAL OCCUPATION (Give kind of work   10b, KIND		1. BIRTHPLACE (Stata or forei		12. CITIZEN OF WHA
od with y filled permit.		Home	Moorefield.	W. Va.	USA USA
P ≥ a	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	3
be file smplete transit	Jehu Halterman		Ersula		mmons
ifficate be nd comple urial trans	(Vac as as ust 1   Hf Vac abia was as dates of samilar)	SOCIAL SECURITY NO.	17, INFORMANT & A		
certificat and co	no none 2	18. MEDICAL CER	Russell	D. Beery,	Jumberland,
2 E E	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	10. MEDICAL CER	FICATION	1	ONSET AND DE
physician a by use as a b	198X IMMEDIATE CAUSE (A)	centryo	lasis	frama	One
● 등 □	ANTECEDENT CAUSE(5) DUE TO DISEASES OR CONDITIONS, IF ANY, (8)	retro	de retor	ileal	/ Month
that the	GIVING RISE TO THE ABOVE CAUSE DUE TO	*	/		
	(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
e att deta	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
5年9	190. DATE OF OPERATION JAG. MAJOR FINDINGS C	P OPERATION	0 -	/-	20. AUTOPS
the tay	9/21/55 Clery	farm, fectory, 1 2	c. WHERE DID INJURY OCCUP	22 (City or total	YES NO (State)
RECTOR: The seen executed assembly should	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of	lica bidg., etc.)	TO THE PARTY OF TH	(Ca) or lower	(State)
execu	21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. White	NURY OCCURRED 2	II. HOW DID INJURY OCCU	R?	
5 - 5	M. al wo	k at work	- 22	12/	
DIRECT S been attended	22. I hereby certify that I attended the decease				, that I last saw the dec
has ficat	aliva on 14 56 19 9 and	that death occurred at.	M, from the c	causes and on the dat RESS (Street, city, town,	te stated above.
ERAL DIS are has by certificate	Augustian de 1 1/4/161	Mulho. 1		Cumberland	
ZELY	23. DURIAL CREMATION, DATE THEREOF	NAME OF CEMETERY OR	REMATORY	LOCATION (City, town,	
- 0.0 2	Burial Jan. 18.56	Hillcrest	Burial Par	k Cumberl	and. Md.
7 %	24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1 +-	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
	May 10 10 5 11/1 to 1 1	10 / M/	James F. S	O FITTON	umberland, M

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CERTIFICATE OF DEATH

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

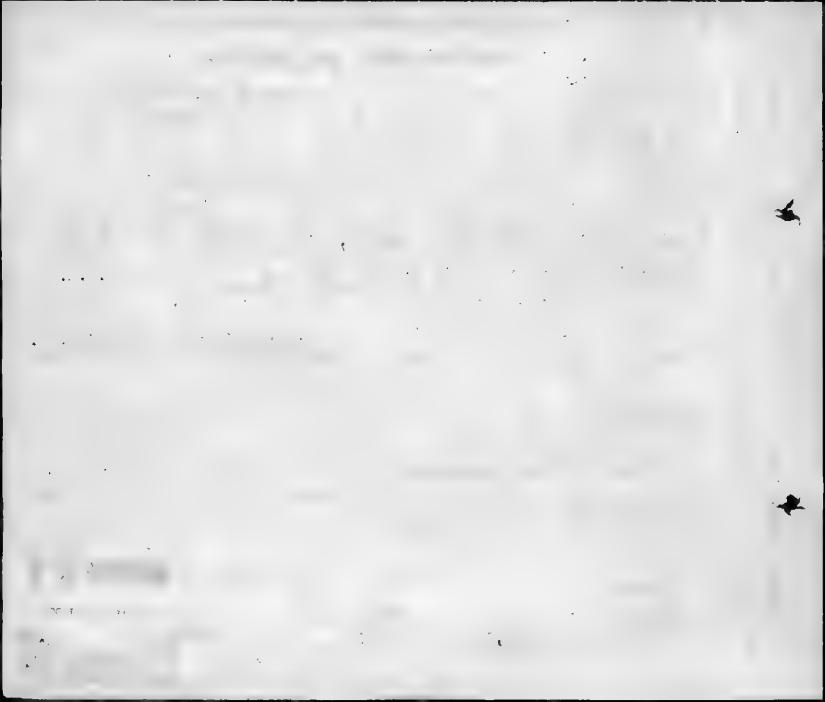
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# CERTIFICATE OF DEATH

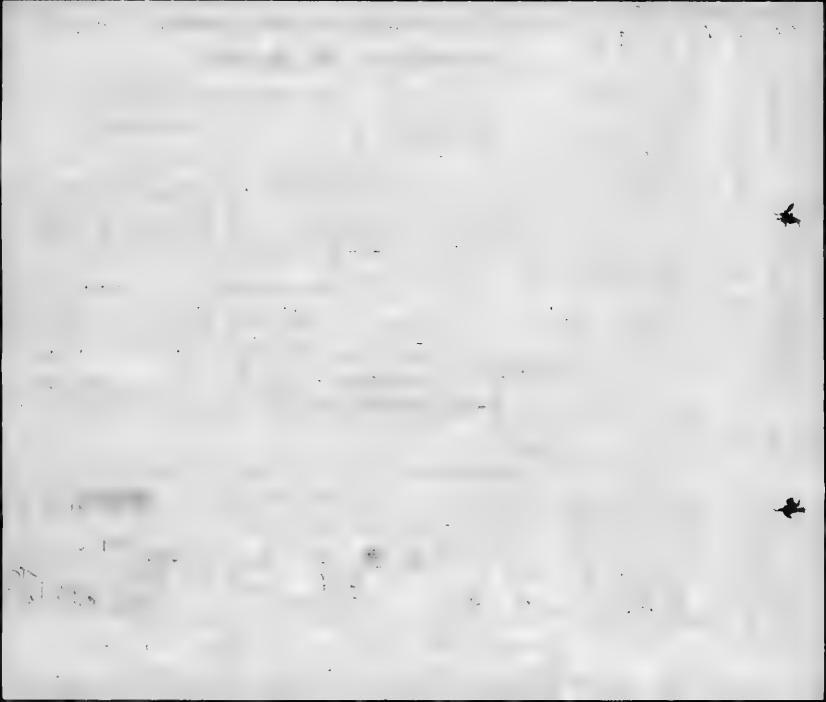
Reg. Dist. No.

	1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEA	SED
	county Allegany	MARYLAND	state Marylan	nd county Al.	legany
	CITY (If outside corporate limits, write RURAL OR end give nearest town). TOWN LONGCONING	(In this piece)	CITY (If outside corpor	ete limits, write RURAL and give	
	HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural give locetic	on)
	3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year) 4
	(Type or Print) Louise	W	Bell	DEATH Jan	22 19 56
	Female 6. COLOR OR 7. SING	OWED DIVORCED	21, 1870	AGE last birthday   IF UN   Month	DER 1 YEAR   IF UNDER 24 HRS.  Hours   Min.
0	10a. USUAL OCCUPATION (Give kind of work done during man of working life, even if retired) { CIPCO TEACHER	PUOLIC School	11. BIRTHPLACE (Stele or foreign	in country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	1-740-7
	Carl Weisen			ise Petry	
4	15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unk.) (II Yes, give war or dates of servi		17. INFORMANT & A		aconing, Md
		18, MEDICAL CEI		hter	I INTERVAL BETWEEN
	1 DISEASES OR CONDITIONS DIRECTLY LEADING T	O DEATH	Dark	311 001	ONSET AND DEATH
	MMEDIATE CAUSE (A)	Congostus 1	fait tall	re	2mr
	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	Cornary	Heart De	معموم	3 9.
	STATING UNDERLYING CAUSE LAST. DUE TO	arteriosch	erses		5-104
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
	19a, DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY? YES NO
	216. ACCIDENT WAS UNDERLYING   216. PL. OR CONTRIBUTING   CAUSE OF DEATH OF INJU (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE (Home, farm, fectory, RY straet, office bldg., alc.)	21c. WHERE DID INJURY OCCUR	? (City or town) (C	ounty) (Stele)
	21d. TIME OF INJURY (Month) (Day) (Year) (He	our) 21a. INJURY OCCURRED While Not while M. at work all work	21f. HOW DID INJURY OCCUR	?	
	22. I hereby certify that I attended t	he deceased from	1952 10 1/2	2, 19_5 C, tha	t I last saw the deceased
		, and that death occurred a	10 93/4 bombo	were and on the data of	ated above
z	SIGNATORE	, and mandeant occurred a		ESS (Street, city, fown, stele)	DATE SIGNED
10	Thomas Is in 19	id -	100	100	1 1/12/00
1-55	23. RUMAL CREMATION.   DATE THEREOF	I NAME OF CEMETERY OR	CREMATORY	LOCATION City, fown, or cou	inty) (Stelle)
A15C 1-55 10M	Burial Jan 24	1,1956 Oak H		Lenacening	Md.
2	24. REC'D BY REGISTRAR REGISTRAR'S 5	IGNATURE A	25. FUNERAL DIRECTOR'S		ADDRESS
	DATE 1-24-56 Janu	otto m Don	George Eio	hhorn Ler	nacening, Md.



\$ 5					47.0	., (, •				
		<b>TIFICAT</b>	E OF DE		Dist. No	4				
to 9, Film 0191	1-10-50 et		2. USUAL RESIDENCE (HOME) OF DECEASED							
					INGEL					
COUNTY (Il outside corporete limits,	write RURAL	MARYLAND    LENGTH OF STAY		COUNTY  rporate limits, write RURAL and g	iva nearest town)					
OR and give neerest town) TOWN CITE TOWN TAKEN		(in this place)	OR TOWN	,						
HOSPITAL OR		20 218	STREET ADDRESS	(If rurel give lo	calion)	1				
	Tall Tost	7	.73							
3. NAME OF (First DECEASED	) (/	Middle)	(Last)	4, DATE (Month)	(Dey)	(Year)				
(Type or Print)	112		KBURN	DEATH	},	19 [				
S. SEX 6. COLOR OR RACE	7. SINGLE, MARRIEI WIDOWED, DIVO	Sheep			UNDER 1 YEAR	Hours   N				
10a, USUAL OCCUPATION (Give kind	(Specily) Mari	of BUSINESS	5 - 09   11. BIRTHPLACE (State or fo	1 46 17/ yrs.	1 12. CITIZEN	OF WHAT				
done during most of working life	, even if OR	INDUSTRY			COUNT	IRY?				
13, FATHER'S NAME	BrickContra	ietor	Hest Vir	ginia NAME	U.S.A.					
Jess Blackburn Carrie Marshall										
15. WAS DECEASED EVER IN U. S.		SOCIAL SECURITY NO.	17, INFORMANT &	ADDRESS						
(Yes, no, or unk.) (If Yes, give wer or detes of service)  Cleda: Rlackburn  Old Chart 176 N. Germanic St.  IS. MEDICAL CERTIFICATION  INTERVAL BETWEEN										
I DISEASES OR CONDITIONS DIRECT	TLY LEADING TO DEATH	18. MEDICAL CE		0 1	INTER	RVAL BETWEEK ET AND DEAT				
. IMMEDIATE CAUSE	Durito 10= (	irrho	six of	lever-2	1/2	HEA				
ANTECEDENT CAUSE(S)	DUE TO AL	112.11 24	2000	_ /	2/	150				
DISEASES OR CONDITIONS, IF AN GIVING RISE TO THE ABOVE CAU STATING UNDERLYING CAUSE LAS	Y, (B)	yencus			1-1	gust.				
STATING UNDERLYING CAUSE LAS	T. DUE TO	*								
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED										
DISEASE OR CONDITION CAUSING	DEATH	NE CORDATION			20	. AUTOPSY?				
DE SAIL OF OFERAIION	TO. MOUNT FINDINGS C	- OFFICE ION			YES					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINE	TH OF INJURY street, of	fice bidg., atc.)	21c, WHERE DID INJURY OCC	UR? (City or town)	(County)	(State)				
21d, TIME OF INJURY (Month) (De	y) (Yeer) (Hour) 21e. Whila M. et wo		21. HOW DID INJURY OCC	CUR?						
22. I hereby certify that	I attended the deceas	sed from Jan 3	1956.10	THE 4 , 19 5 G	that I last say	the dece				
alive on Jau 3	4	()	//	causes and on the date						
BIGNATURE	B. 1. 8		Cumberlan	DRESS (Streat, city, town, st		ATE SIGI				
23. BURIAL CREMATION,	DATE THEREOF	M.D.	Called	LOCATION (City, lown, or	records)	(Stet				
REMOVAL (SPECIFY)	DATE HIEREOF	CEMETERT O	CREMATORI		Ecolity?	(alei				
	n / n / -	Species of								
parial	1/6/06 REGISTRAR'S SIGNATURE	Porter Co	25. FUNERAL DIRECTOR	dllerslie	ADDRESS					

MAYAUCTIONS



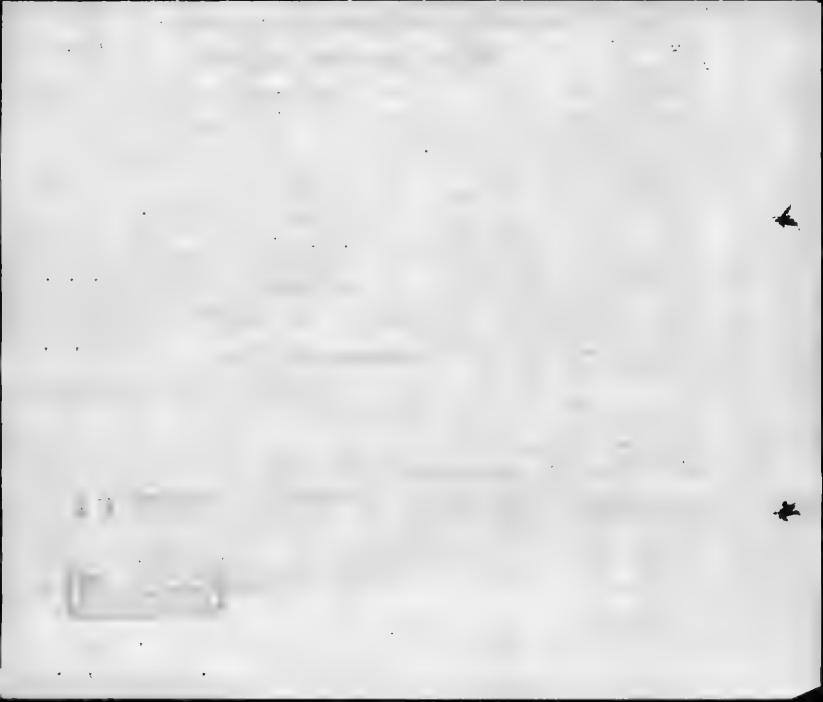
# MSTRUCTION

certificate has been executed

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Within corporate limits CERTIFICATE OF DEATH 00008

	1. PLACE OF DEATH			1 2 USUAL DECIDES	ICE (HOME) OF D	eg. Dist. le	
	COUNTY Alleg	any	MARYLAND	STATE Marylan			egany
	CITY (If outside corporate liming or end give necess town) TOWN Cumberla		ENGTH OF STAY (in this place) 2mo.12days	OR	rate limits, write RURAL e rland	nd give neerest t	own)
	HOSPITAL OR INSTITUTION OR STREET ADDRESS SV	van Retreat		STREET ADDRESS 211 0	arroll (If rurel give	re location)	
	3. NAME OF	rst) (Mide	ile)	{i.ost}	4. DATE (Mor	nth) (De	(Yeer)
	(Type or Print) Ulyss	es R	Bro	omery	OF DEATH Ja	n. 9	., 56
	5. SEX   6. COLOR OR	7. SINGLE, MARRIED.	8, DATE		9. AGE lest birthday	IF UNDER 1 YE	19
	M RASE	(Specify) Mari	ried Se	pt. 10, 1877	78 yrs.		ys Hours Min
1	10e. USUAL OCCUPATION (Give kind done during most of working to retired) Retired tra	life, even if OR IND		11. BIRTHPLACE (State or forei	gn country)		OUNTRY?
	13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME		
	Daniel	Bromery		Frances	Harber		
	15. WAS DECEASED EVER IN U. S		CIAL SECURITY NO.	17. INFORMANT & A			
	(Yes, no, or unk.) (If Yes, give w		A?	CuA Dad			3 183
	No L		None	Sylvan Ret	orest (	Dumberlo	INTERVAL BETWEEN
	E DISEASES OR CONDITIONS DIR	ECTLY LEADING TO DEATH	4-1	1 1.	+ · ~		ONSET AND DEATH
	IMMEDIATE CAUSE	(A) NO	shee T.	equique	tron.		í
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF A	207	exclorat	arterio.	releros	1.0	>
	GIVING RISE TO THE ABOVE CASTATING UNDERLYING CAUSE L	AUSE	Provide	Zell	reteo		>
	II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSIN	NS CONTRIBUTING	Smile	psych.	sis		3700
	190. DATE OF OPERATION	196. MAJOR FINDINGS OF C	OPERATION				20. AUTOPSY? YES NO
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH OF INJURY street, office	rm, factory, bldg., etc.)	21c. WHERE DID INJURY OCCU!	R? (City or town)	(County)	(State)
	21d. TIME OF INJURY (Month) (	Dey) (Yeer) (Hour) 21e. INJU While M. at work	URY OCCURRED Not while alswork	21f. HOW DID INJURY OCCU	R?		
	22. I hereby certify tha	t I attended the deceased	fromtercy	5 1952 10/10	eri9, 1956	2 that I had	cove the decess
	alive on Jane 7	1 10 56 and the	t death occurred a	8452 M	auses and on the		
10M	SIGNATURE	To me Lea	from HUY  It death occurred a		RESS (Street, city, tow		DATE SIGNE
1-55	23. BURIAL, CREMATION,	DATE THEREOF	M.D.		LOCATION (City, low	n. or county)	(State)
A15C 1-55	REMOVAL (SPECIFY) Burial	1/11/56	Rose Hill		Cumberla		
V.S	24 REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE		RESS
	DATE 1-11-56	N.R. Frank	mN.	Louis Stein	. Inc. Cu	mberlan	a. Ma_



## CERTIFICATE OF DEATH

		2
PAI-A	Ma	

		MARYL	AND STA	TE DEP	ARTMEN'	OF H	EALTH-	BALTI	MORE,	18	00	009
	8	9	CERT	rific	ATE				R	teg. Dis		2
1. PLACE	OF DEATH					2. USU	AL RESIDE	NCE (HO	ME) OF	PECEASE	ED C	
COUNTY	Allega	ny		MARYL	AND		Maryl					
CITY (IF OR 4m	outside corporate li give naarest town Kural,	imila, write RURA	Flint	LENGTH OF CONTROL OF C		OR	ht.l.				erest fown)	
HOSPITAL INSTITUTION STREET AL	N OR	1, "1				ADDRE	ES\$	1. ř	(H ruref g	tone		
J. NAME C	F	(first)		Aiddle)		Lest)		4. 0	ATE (Me	enth)	(Day)	(Yeer)
{Type or Pi			EFFIR	В	ROWNING	7		6	EATH J	ลทบล	rv 3	19 56
5. SEX	6. COLOR	OR   7. S	INGLE, MARRIET	D.	8. DATE OF			9. AGE la				IF UNDER 24 HRS
Female	White	, v	VIDOWED, DIVO Specily) , la m	ried	Nov . 23	3.189	1	64	yrs.	Months	Days	Hours Min.
10e. USUAL O done duri ratired)	CCUPATION (Give	kind of work	Own H	OF BUSINES	s   11	BIRTHPLA	ce (Siela or lore		-	and		OF WHAT
13, FATHER'S			1 - 11 - 11				HER'S MAIDEN			, , , , ,	V	
JA	COB B	BEN	DER			JUL	TA T	WIGG				
15. WAS DEC	ASED EVER IN U	S. ARMED FOR	CES? 1 16.	SOCIAL SEC	URITY NO.		NFORMANT &					-
(Yes, no, or un)	.) (H Yes, give	war or dates of s	ervice)	one		A.T	. Brown	ก็ทศ	Rt.1	Flin	tstor	na Ad.
-				16, MEI	DICAL CERT						INTER	EVAL BETWEEN
	R CONDITIONS D		G TO DEATH	1.			1	F			ONS	ET AND DEATH
46	IMMEDIATE CAU		<u></u>	1000	p- Ouger	~~ l	الهيدومسارم	<u>yy</u>			_	
	NTECEDENT CAUS		0 1	~~~	1 0	T	de	a				
GIVING RISE STATING UNI	CONDITIONS, IF TO THE ABOVE ERLYING CAUSE	CAUSE LAST. DUE T	· C18 ~			Time	T. In	-54				
TO THE DEA	IIFICANT CONDITION TH BUT NOT RELA CONDITION CAU	ONS CONTRIBUT	ING /	en num	Lune,	,						
19e. DATE OF			OR FINDINGS Q	F OPERATION	1				-			AUTOPSY?
			/	/							YES	La Vent
OR CONTRIBUT	WAS UNDERLYI NG CAUSE OF IFY MEDICAL EXAL	DEATH OF I	PLACE (Home: NJURY street, of	fica bldg., atc	.}		D INJURY OCCU		r lown]	(Cou	inty}	(State)
21d. TIME OF	NJURY (Month)	(Dey) (Year)	White	INJURY OCCL	while	. HOW DID	INJURY OCCU	JR7				
			M, at wor		work		1 1	/ '3		/		
	by certify i											
alive o	nDelare TURE	, 19.5	, and !	that death			ADD	RESS (SI	id on the treet, city, to	date state wn, stets)		ATE SIGNED
den	in M.	Lyn	-tra				re-las		mi		1/3	1.06
· 23. BURIAL, C	(SPECIFY)	DATE THER	EOF	NAME OF	CEMETERY OR CI	REMATORY			ON (Cily, tov		**	(Stele)
T			,1956	IOOF	Cemete			Fli	ntsto	ne,	"ary	land
79. REC'O BY	REGISTRAR		S SIGNATURE	2		25. FUNER	AL DIRECTOR'S					
1001/6	1956	Mus	00.6	unde	U	John	J. Haf	er.	Cumbe	rlan	d . 144	arvland

INSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician.

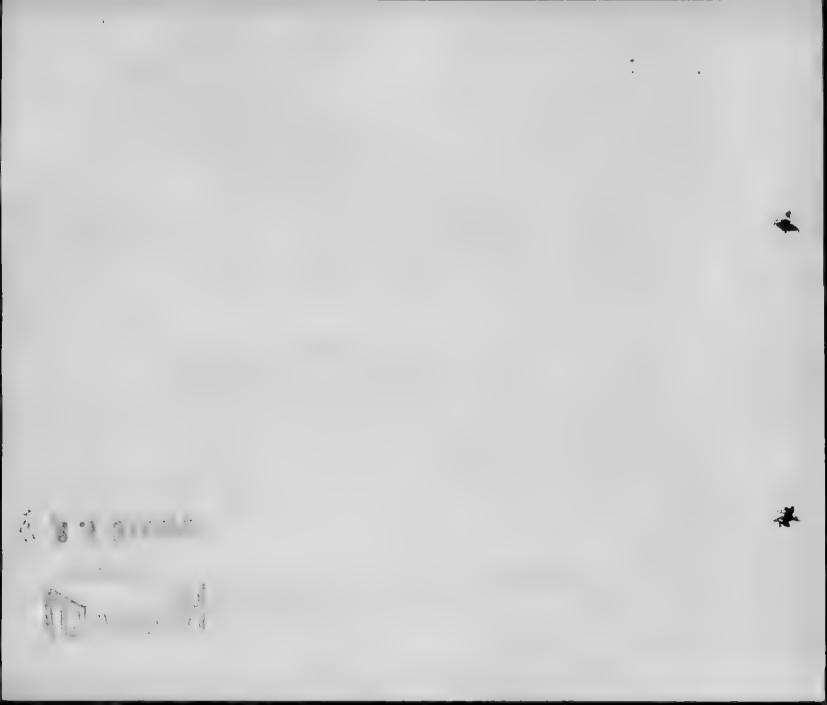


MARYEAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

I. PL. COO CIT OR TO' HOSS STR  3. NA DE (T) 5. SEZ	MEDICA	L EXA	MINE			IFICA'			18 DEAT	H No. 4	•
I. PL	ACE OF DEATH:			· · · · · · · · · · · · · · · · · · ·	2	USUAL RES	IDENCE	(HOME) O	F DECEASED	:	
COL	UNTY All	.egany		MARYLANI		STATE	lid.	COUN	TTY All	o ramy	
CIT OR TO	TY (If outside corr and give neares	orate limits, w	rite RURAL	LENGTH OF	STAY	CITY (If or OR TOWN			write RURA	L and give nearest	town)
INS	SPITAL OR STITUTION OR REET ADDRESS	219 Pea	r St.			STREET ADDRESS	21	(If n	ral, give loca	tion)	
DE	ME OF CEASED: ype or Print)	(First) Porothy		ddle) R.C		ul?	4.	DATE OF DEATH	(Month)	(Day) (Year) 23 19	55
i. sex	RAS		SINGLE, MAI WIDOWED, I (Specify): []	IVORCED.	8. DATE (	F BIRTH:		E last bir 26		ER I YEAR IF UNDER	R 24 HRS
v	work done during even if retired):	most of work	life. /INI	ND OF BUSIN	NESS OR	Ridgel			eign country)	12. CITIZEN OI COUNTRY?	F WIIA
18. FA	ATHER'S NAME: Siple Va	nl'eter	Rumer		ļ	4. MOTHER'S Lola	MAIDEN 1 Davi				
15. Yes,	Was Deceased Ever , no, or unk.) (If You DO service	es, give war or d	FORCES? 16. Sociates of	TAL SECURITY		informant usband)			ill,Cur	berland,	fd.
	SEASES OR COND		Coron			certificati n	ON			INTERVAL I	DEATH
	Immediate caus		a) E TO	+ 5 55 +4 7 5	1449 1 8	• •	. ,	• • •	. p+	ahor	F I
1	Antecedent caus Diseases or conditio giving rise to the a stating underlying	above cause DUI	Coro. E TO		eleros	ils.	*** * **	+ A 18177	***	regr	•
TO	THER SIGNIFICAN O THE DEATH ISEASE OR CONI	T CONDITION	S CONTRIBUT	SH05							
	DATE OF OPERA									26. AUTO:	
PRIN	EXTERNAL CAUS MARY [] or CONT ISE OF DEATH.	RIBUTING [	21b. PLACE OF INJURY	treet, office bl	dg., etc.,	21c. (City o			(County)	(State)	
1.	TIME (Month) (D OF NJURY		M. While	at v	while vork []	21f. HOW I					
f	I hereby certify find that death ATURE	resulted from	charge of the Natural	ne remains causes The	described Acciden	it □, Suici	ide 🔲 , HIEF ME EPUTY I	Homicid	e [], Un Caminer Examiner	n [], Inquiry [] determined can DATE SI	use [
Bi	URIAL CREMATI EMOVAL (Specify TE REC'D BY LO	ON. YOATE	6 19587	We Ru		OR CREMATO	17	leas!	City, town,	west ling	State)

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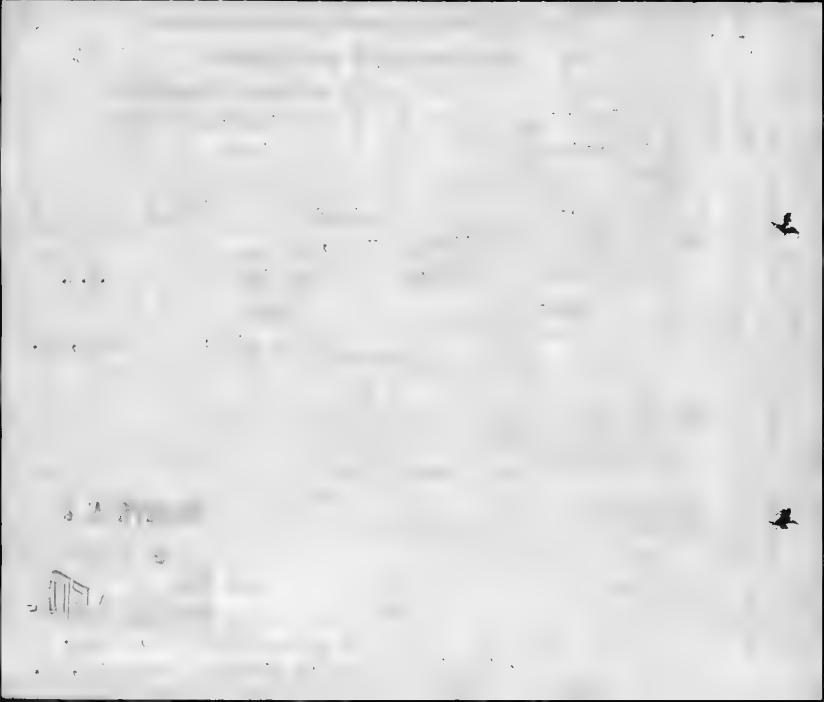
The bottom copy may be retained by the hospital or attending physician.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

00011 st. No. 8 Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECE	ASED
COUNTY Allegany	MARYLAND	STATE Maryl	and county &	llegamy
CITY (4 outside corporete limits, write RURAL	LENGTH OF STAY	CITY (II outside corpor	rete limits, write RURAL and g	
OR end give nearest town) TOWN Lenacening	(in this place)	OR TOWN TOTAL	Land	
HOSPITAL OR		STREET	(If rural give for	cetion)
INSTITUTION OR STREET ADDRESS		ADDRESS		
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Mary	TR1	illeck	DEATH Tam	3 19 56
S SEX LA COLOR OR L. 7. SINGLE MA	ARRIED, B. DATE (		P. AGE lest birthdey   IF	UNDER 1 YEAR   IF UNDER 24 HRS.
Female RACE White WIDOWED, (Specify)	Widewed Nev	24, 1887	68 yrs. Mc	onths Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS	11. BIRTHPLACE (State or lore)	on country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) FIGUSE WORK	OR INDUSTRY	Lithuania	4	U.S.A.
13, FATHER'S NAME		14. MOTHER'S MAIDEN N		1 Vebette
Unknown		Unkne	WA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	
[Yas, no, or unk.] [if Yes, give war or dates of service]		Peter Bu	illock	Midland, Md.
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA		RTIFICATION SO		INTERVAL BETWEEN ONSET AND DEATH
	4.0 1. (3)	colupia		2 \
IMMEDIATE CAUSE (A)	many c	cc/www		02 // 1
DISEASES OR CONDITIONS, IF ANY, (B)	regorardent	Infact in	<u> </u>	2 week
STATING UNDERLYING CAUSE LAST, DUE TO	(1201 Yorawa	Cardina	ul. Desers	10 45 Ws
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	7/	CW W		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.				
190. DATE OF OPERATION 196. MAJOR FINDIN	GS OF OPERATION			20. AUTOPSY?
				YES NO
218. ACCIDENT WAS UNDERLYING [] 216. PLACE (HOR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street [] OF INJU	tome, lerm, factory, et, office bldg., etc.)	21c, WHERE DID INJURY OCCUR	? (City or town)	(County) (State)
	21e. INJURY OCCURRED	211. HOW DID INJURY OCCUR	17	
	While Not while I		$\cap$	
22. I hereby cartify that I attended the de	aceased from Whin	19.55 10.3	Ja - 194 . La	that I last saw the deceased
aliye, on 3 7 4 - 19 5 6	and that death occurred a	815 M from the	auses and on the date	stated above
#IGNATURE //	and mar death occurred a	ADDE	ESS (Street, city, town, st	ote) DATE SIGNED
Deorge Ruchards	M.D.	Longe	0105	1/4/-5
23. BURIAL, CREMATION,   DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (Gity, town, or	county) (State)
**************************************	St Michea	ls	Frestburg	Wd.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNAT		25. FUNERAL DIRECTOR'S		ADDRESS
DATE 1-5-56 Journell	- ne Ba O	George Eich	harm Tan	aconing, Md.
DATE 1- 0-06 Journal	O IN HOOK	Gear Sc Drei	TANK TANK	MC ald Turk a Milita



opy of death. P hours d that the death filed litte! eq ■hy⊪ician. certifical

or aftending paule colly may

director, within registrar by the fi 2.5 with filled **■hy**ician d ■th requires that the aftending 2 ‡ FUNERAL MINICTOR: The law O certifical assi The battom

CERTIFICATE OF DEATH 1. PLACE OF DEATH (If outside corporate limits, write RURAL STATE MARYLAND COUNTY MARYLAND LENGTH OF STAY (In this place) OR end give necrest town) TOWN TOWN CUMBERLAND ELLERSLIE HOSPITAL OR STREET INSTITUTION OR **ADDRESS** STREET ADDRESS MEMORIAL HOSPITAL 3. NAME OF (Middle) (Last) PERENBELL OF (Type or Print) BURKETI DEATH HUGH COLOR OR SINGLE, MARRIED. 8. DATE OF BIRTH RACE WIDOWED, DIVORCED 8,1873 (Spacify) MARRIED WHITE MALE 10a, USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS BIRTHPLACE (Stelle or foreign country) OR INDUSTRY done during most of working life, even if retired) 1.0 t. Celanese PENNSYLVANIA Cnoice ach. Corp 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jesse 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO (Yes, no, or unk.) (If Yes, give war or dates of service) 214-07-4329 NO 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) LE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 190, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, form, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (Month) (Day) 21. HOW DID INJURY OCCUR? 21d. TIME OF INJURY 21a, INJURY OCCURRED (Yeer) While Not while at work at work 1956, that I last saw the deceased 22. I hereby certify that I attended the deceased from ..... 3:40PM, from the causes and on the date stated above. 19. 2 ..... and that death occurred at... alive on.... SIGNATURE 10A certificate death BURIAL (CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY A15C REMOVAL (SPECIFY) Buria] Porters Cematery no tery War dyndman 25. FUNERAL DIRECTOR'S SIGNATURE 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

Reg. Dist. No.

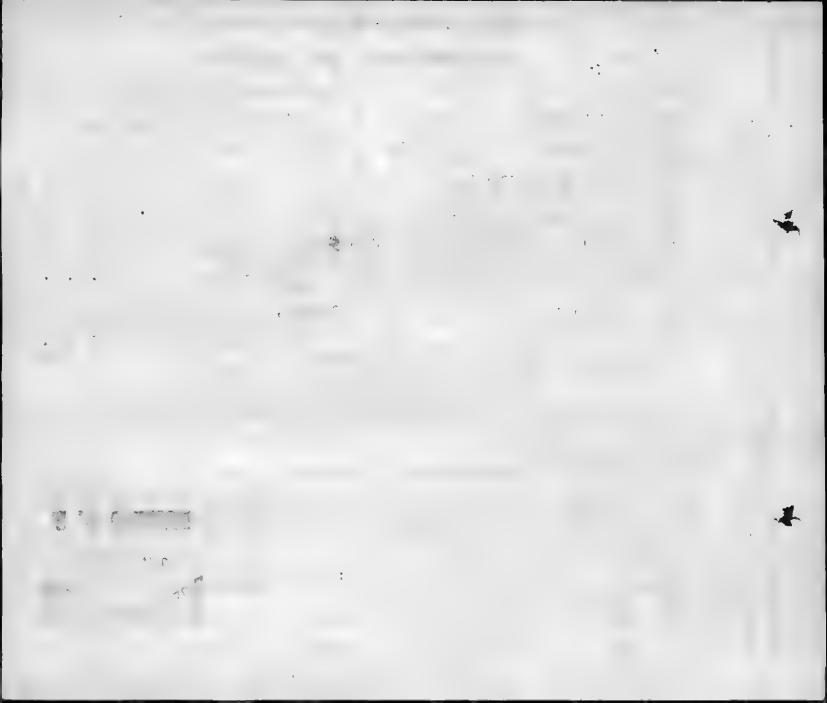
2. USUAL RESIDENCE (HOME) OF DECEASED 1890NY COUNTY (If outside corporete limits, write RURAL end give nearest town) (If rure) give location) DATE (Month) (Day) (Year) JAN. 9. AGE last birthdey IF UNDER 1 YEAR IF UNDER 24 HRS Days 8382X yr Months CITIZEN OF WHAT COUNTRY? U. S. A. Sarah heisslings 17. INFORMANT & ADDRESS MEMORIAL HOSPITAL WARWICK & MEMORIALS AVES. INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES T NO (County) (Stele

ADDRESS (Street, city, town, state)

LOCATION (City, fown, or county)

(State)

Hafer, Cumberland, Maryland



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copy

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificant be executed within 24 hours after The bottom copy may be retained by the hospital or attending physician.

NSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death, certificate has been executed by the attending physician and completely filled in by the funeral director, the third cop death certificate assembly should be detached for use as a burial transit permit.

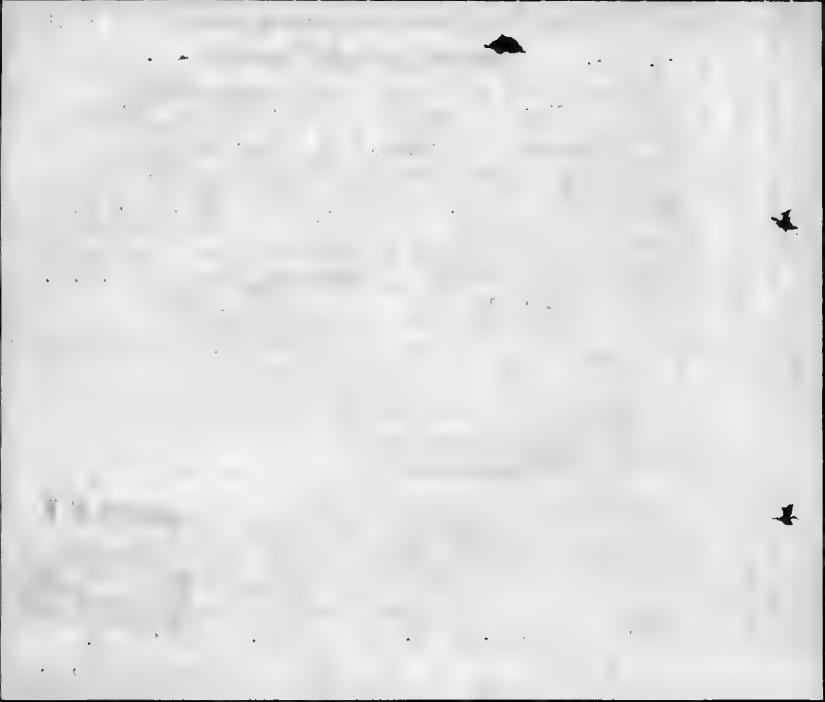
A15C 1-55 10M

ΥS

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Allegany MARYLAND	STATE Maryland COUNTY Allegany
CITY (If outside carporete limits, write RURAL   LENGTH OF STAY	CITY (Moutside corporate kimits, write RURAL and give nearest town)
OR end give nearest town) (in this plece) 11/28/53	TOWN Lonaconing
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR STREET ADDRESS Allegany County Infirmary	ADDRESS 8 Allegany Street
3. NAME OF (First) (Middle) DECEASED (Type or Print)  E112  B	urns Death January 19, ,56
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE O	
A CT Lambium Bulghess	/1880 75 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
ratified Housewife & Domestic	Lonaconing, Maryland U.S.A.
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Nolan	Johanna Collins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes no or unk.) (If Yas, give wer or detes of service)	- Allegany County Infirmary Records
18 MEDICAL GER	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A)	ory my po x uses 16 no
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	my searchites ?
STATING UNDERLYING CAUSE LAST. DUE TO	el a les inclessions
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	A Color of the Col
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Joychosis!
194. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory.   2	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  [IF EITHER, NOTIFY MEDICAL EXAMINER]	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
White Not white	214. HOW DID INJURY OCCUR?
22. I hereby Cartify that I attended the deceased from Nov. 2	1950; 10 Seel 1911,1956, that I last saw the deceased
alive on 719, and that death occurred at.	# 30 f. M., from the causes and on the date stated above.  ADDRESS (Street, city, town, state)  DATE SIGNED
Anneit Mayer	49 Drecee 81. 1-20-56
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR	
Burial Jan, 21.1956 St. Mary	s Cemetery. Lomaconing, ID.
34) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Mer 21 1957 Vibrater & Frank M. A	GEORGE EICHHORN, LONACONING, MD



INSTRUCTIONS

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Marmit corfiniste mintre

### CERTIFICATE OF DEATH

Reg. Dist. No. 4

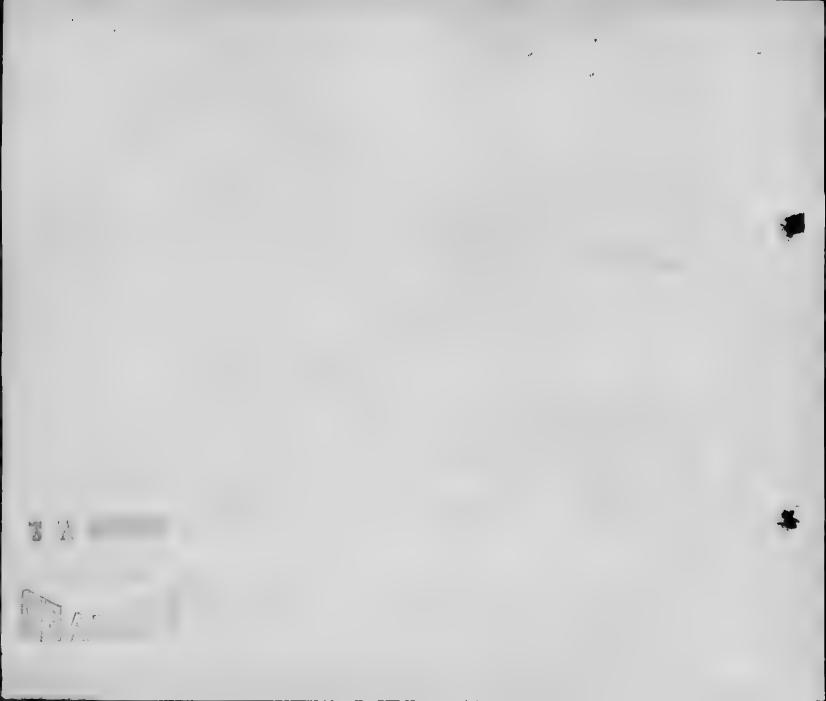
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Allegany MARYLAND	STATE Maryland COUNTY Allegany
CITY  # outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR end give neerest town) TOWN Cumberland 12/28/50	or nown National Highway, La Valle
HOSPITAL OR	STREET (If rurel give location) ADDRESS TO THE PROPERTY OF T
STREET ADDRESS llegany County Infirmary	Lavalle - National Highway
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
	scaden DEATH January 8, 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F BIRTH 9. AGE last birthdey   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Female White Widow 11/5/	/1862 93 yrs. Months Deys Hours Min.
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	COUNTRY?
relired) Housewife Own Home I	Varyland U.S.A.
Jacob Brengle	
	Sarah Boogher
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or deles of service)	Allegany County Infirmary Records
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH?	
I DISPASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Attrible Depor	arteal required ?
DISEASES OR CONDITIONS, IF ANY, (B)	arterioclirosis?
STATING UNDERLYING CAUSE LAST. DUE TO	0
(C) Charle	relation
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	p-1: +
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	eterioration.
196, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
216. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
	RIF. HOW DID INJURY OCCUR?
M. while Not while	0 (0
22. I hereby certify that I attended the deceased from All 2	1952, to Jake: 81,1956, that I last saw the deceased
	4.110 MM, from the causes and on the date stated above.
SIGNATURE	DDRESS (Street, city, lown, state)  DATE SIGNED
Anna H. ach	49 Treese 81. 1-0-01
23. BURIAN, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR (	CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	(5500)
T-TT->0   1086 1111 0	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
1-11-56 W.R Franch M.R	The election of the contract o

MARGIN RESERVED FOR BINDING

B &		0.000
MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	HQ.OLS
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 6
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Allegany MARYLAND	STATE W Va. COUNTY Miner	2]
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Westernport  LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Piedmont	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MALLICIAN ST. 36	STREET (If rural, give iocation)	Ž V
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day	) (Year)
DECEASED: (Type or Print) Joseph Ciri	illo DEATH Jan. 18	19 56
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, Specifylarried January	E OF BIRTH: 9. AGE last birthday: WF UNDER 1 Y	
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS Of work done during most of work life,   INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired): Laborer   City of Luke		taly No.
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
James Cirillo	Do not know	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service service)	17. INFORMANT & ADDRESS:	
	Catherine Cirillo, Piedmont	y. W.Va.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a) EXPOSURE  DUE TO	AL CERTIFICATION	Interval Between Onset and Death
Antecedent cause(s)  Diseases or conditions, if any, (b)  giving rise to the above cause DUE TO  stating underlying cause last (c)		
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	y - feele minsted	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	0	20. AUTOPSY? Yes 🗆 No 🔄
21a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING OF atreet, office bidg., etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while in the contribution of the contri	Wenter by interest of the country of	
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy □, Inspection □,	Inquiry R. and
find that death resulted from: Natural causes [], Acci	dent , Suicide , Homicide , Undeter CHIEF MEDICAL EXAMINER	mined cause []. DATE SIGNED
H.V. Deming, M.D. At. D. D. someno M. L.	M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	Jan 24,1956
Queen (Specify): Jan 2656 ST. Sters		W. J.
DATE REC'D BY LOCAL (HEGISTRAR'S SIGNATURE)	124. FUNERAL DIRECTOR	ADDRESS
1	And the second s	

Phylip

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Egistral within 72 hours aller dusth. After by the funeral director, the third copy of

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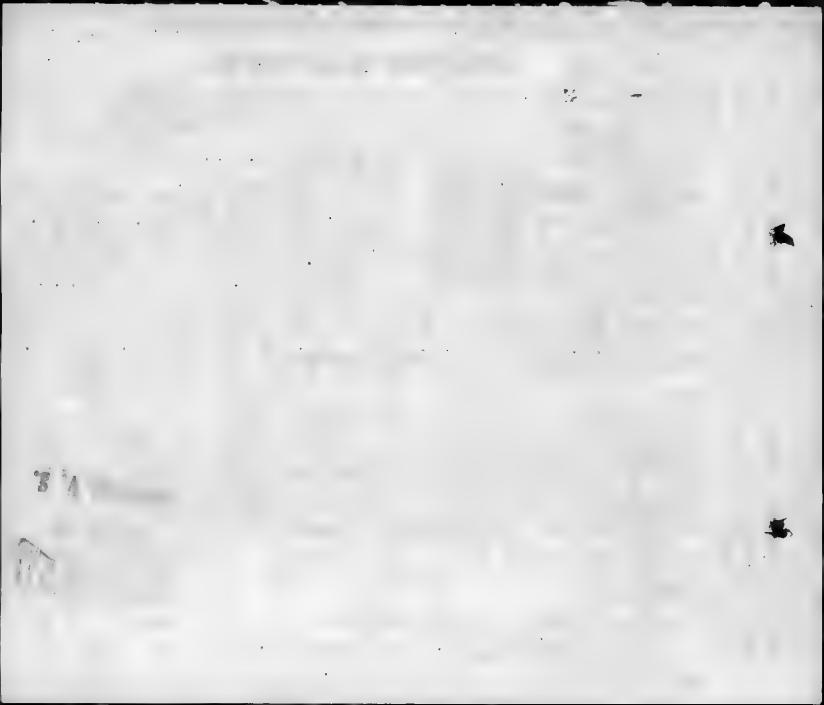
## CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH 2. USUAL RES	IDENCE (HOME) OF DECEASED
ME COUNTY Allegany MARYLAND STATE	Maryland county Allegany
	a corporate limits, write RURAL and give nearest town)
CITY (If outside corporate limits, write RURAL OR end give neerest fown) TOWN  HOSPITAL OR HOSPITAL OR NATURAL OR ADDRESS	M+ Correce X
HOSPITAL OR STREET	Mt. Savage × (If rural giva location)
INSTITUTION OR ADDRESS CO. A TIL - THE TIL - T	olumbia Ave.,
3. NAME OF (First) (Middle) (Lest)	4. DATE (Month) (Day) (Year)
(Type or Print) George Thomas Coleman	DEATH TOTAL
(Type or Print)  George Thomas Coleman  S. SEX 6. COLOR OR 7. SINGLE, MARKED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, DOOR 21 1800	9. AGE lest buthdey   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	Months Days Hours Min.
Male White (Specify Married Dcc. 21, 1802  10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (Siete	773.
ETI does during most of working life aven if OR INDUSTRY	COUNTRY?
done during most of working life, even if relired) Roll operator Kelly Tire Co. Gilnore	
13. FATHER'S NAME  Positionin Columns  And	AIDEN NAME
Benjamin Coleman Ama	nda Poland
13. WAS DECEMBER OF THE REAL PROPERTY IN C. SCORE SCORE INC.	NT & ADDRESS
Yes. (Tes, no, or units, give wer of cease of service)	atrice Jolin . The Journe, Tile
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
= 50 1 54/1 IMMEDIATE CALLER IAI Ser for a feel devotered	
541.1 IMMEDIATE CAUSE (A) Ser for a fed duodena	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	
두 등 및 사이 (C)	
ANTECEDENT CAUSE (A)  OBSERVED OF THE SIGNIFICANT CONDITIONS CONTRAUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  The DISEASE OR CONDITION CAUSING DEATH.  The DISEASE OR CONDITION CAUSING DEATH.  The DISEASE OR CONDITION CAUSING DEATH.  The DISEASE OR CONDITION CAUSING DEATH.  The DISEASE OR CONDITION CAUSING DEATH.	1. 1. 1. 1.
DISEASE OR CONDITION CAUSING DEATH. Drabe Les Wellites, Coron	
in a company to the contract of the contract o	Ochledor YES NO NO
THE ACCIDENT WAS INDEPENDED IN 1 2th BLACE THAT I THE TOTAL I THE WILEDE DID INTERED	OCCUR? (City or lown) (County) (Slete)
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (IF ETITLER, NOTIFY MEDICAL EXAMINER)	, , , , , , , , , , , , , , , , , , , ,
	OCCUR?
M. While Not while at work at work	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED While Not while at work at work at work at work at work 19.55, 10	1-15 1056 that I fact saw the deceased
alive on /- 5 , 19 56 , and that death occurred et 6:50 PM, from	
SIGNATURE R	ADDRESS (Street, city, lown, state) DATE SIGNED
BIGNATURE  DALLA O BALLES  M.D. 62 Greene (  DALLA O BALLES  23. BURIAL, CREMATION, REMOVAL (SPECIFY)  REMOVAL (SPECIFY)  24. DALLA O BALLES  NAME OF CEMETERY OR CREMATORY	instrolated All 1-15-56
M.D. 62 Treese C 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While While of work 21d. HOW DID INJURY  22d. I hereby certify that I attended the deceased from	- Count 30 00 00 361
2 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIREC	TOR'S SIGNATURE ADDRESS
Jan 17 1956 Writes R. Frank M.D. H. Hayne	

law requires that the death certific

The bottom copy may be retained by the hospital or attending physician.



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72 hours after death. director, the third col

registrar within by the funeral

the .5 with 12

# CERTIFICATE OF DEATH

, , , , , , , , , , , , , , , , , , , ,				eg. Dist.	NO
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
county Bllegany MAI	RYLAND	STATE Penn.	sylvaniamy.	Bedf	ord
CITY (N outside corporate hmits, write RURAL LENGT	H OF STAY		orale limits, write RURAL e	nd give neere	d town)
OR end give nearest town town Cumberland	O hours	OR TOWN	Hyndman		*
HOSPITAL OR	0 110010	STREET		ve location)	<del>- 1</del>
INSTITUTION OR	7	ADDRES\$			
Monor Lat 105010	2. L	(Lest)	4. DATE [Mo	ath)	(Dey) (Year)
DECEASED	~ .	(Fast)	OF		
(Type or Print) Jessie Rebecca	Cook				1956 19
. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE O		9. AGE last birthdey	Months	YEAR IF UNDER 2
Female White Specify Widowe	d   Aug.	2,1883	72 yrs.	71,011113	
00. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS		11. BIRTHPLACE (State or for	eign country)	12.	CITIZEN OF WHAT
done during most of working life, evan if refired HOUSE VII'E HOUSE	work !	Hyndman, Pa		1	USA
FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	1	
Michael Jordan		Laura Val	Lentine		
	SECURITY NO.	17. INFORMANT &			
Kee, no, or unk.) (If Yes, give war or dates of service) None		David H		H; ndm	an Da
			-coon,	II TICHH	INTERVAL BETWE
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	MEDICAL CER	TIFICATION			ONSET AND DEA
Cons	astern 14	east truly			2. days
IMMEDIATE CAUSE (A)	-1/	4 0	01/	10.	area -
ANTECEDENT CAUSE(S) DUE TO Chronic	144 Beri	Ension ( Drdi	- Marrista	- Malley	6 yre
MSEASES OR CONDITIONS, IF ANY, (B)  STATING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	1/				
STATING UNDERLYING CAUSE LAST, (C)					
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
Pa. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERA	ATION				20. AUTOPSY
					YES NO
Ite. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, farm, for CONTRIBUTING   CAUSE OF DEATH   OF INJURY straet, office bldg	actory,	21c. WHERE DID INJURY OCC	UR? (City or town)	(County	(Siele)
IF EITHER, NOTIFY MEDICAL EXAMINER)					
Id. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a, INJURY While	OCCURRED Not while	21f. HOW DID INJURY OCC	UR?		
M. et work	al work				
22. I hereby/sertify that I attended the deceased fro	m. Den	1954 10	1937	, that I l	ast saw the dece
alive on Jan 1, 1956 and that de	//	00 01			
SIGNATURE /	7	ADI	DRESS/ (Street, city, lov	(eleit ,ny	DATE SIG
Villey a Torster	M. D.	Hyn	Chu So.	- Ja	1-2-5
23. BURIAL, CREMATION,   DATE THEREOF   NAME	OF CEMETERY OR	CREMATORY	LOCATION (City, tow	n, or county)	(Sie
REMOVAL SPECIFY)	r idman C	emotory	Ilyndmar	ı. Pa.	
	Atmon C	25. FUNERAL DIRECTOR	4 4 4		DDRESS
(	1-11-	A STATE OFFICE OF	1 colorer	/	
121. 5 195 6 11/54101 & FARUS	he 101 1	Like Till All Lake	/ A - Indian	l. Pa.	

ASTRUCTIONS.

The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate by filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

NSTRUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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### CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Allegany MARYLAND	STATE Maryland county Allegany
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR end give neerest fown) TOWN Frostburg 2 Hrs.	IOWN Trackburg
10WN Frostburg 2 Hrs.	Frostburg
INSTITUTION OR	ADDRESS
STREET ADDRESS Miner's Hospital	93 W. Main Street
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Yaer)
(Type or Print) Sidney H.	Craze DEATH Jan. 28th. 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE (	
Male White Specify Single May	26th, 1882 73 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION [Give kind of work   10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if religion timed Flactnic Pot Edison Co	COUNTRY?
reliRetired Electric Pot Edison Co	- England USA
William Craze	Mary Bond
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 93 W. Main St.,
(Yes, no, or unk.) (If Yes, give war or detes of service)	Mrs.Mary M. Beck.Frostburg.Md.
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
EMMEDIATE CAUSE (A)	s preumona 20042
ANTECEDENT CAUSE(S) DUE TO	· (£ 14 846.
DISEASES OR CONDITIONS, IF ANY, (8)	a bronchiles of
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	1 + 1/
DISEASE OR CONDITION CAUSING DEATH C. Talks My	sea roper
198. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	ZO. AUTOPSY? YES ☐ NO 🛣
21e. ACCIDENT WAS UNDERLYING []   21b PLACE (Home, farm, factory,	21c, WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.)	214
21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21a, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M. While Not while of work of	
/ /	
22. I hereby certify that I attended the deceased from	, 19 to to last saw the deceased
	17.30 M, from the causes and on the date stated above.
SIGNATURE OF SIGNATURE	ADDRESS (Streat, city, town, stele)  DATE SIGNED  ADDRESS (Streat, city, town, stele)
TTI ( " Relell " M.D.	730/16
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	
Burial 1-31-1956 F'bg.Memor	rial Park Frostburg, Md.
202202	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS



**NSTRUCTIONS** 

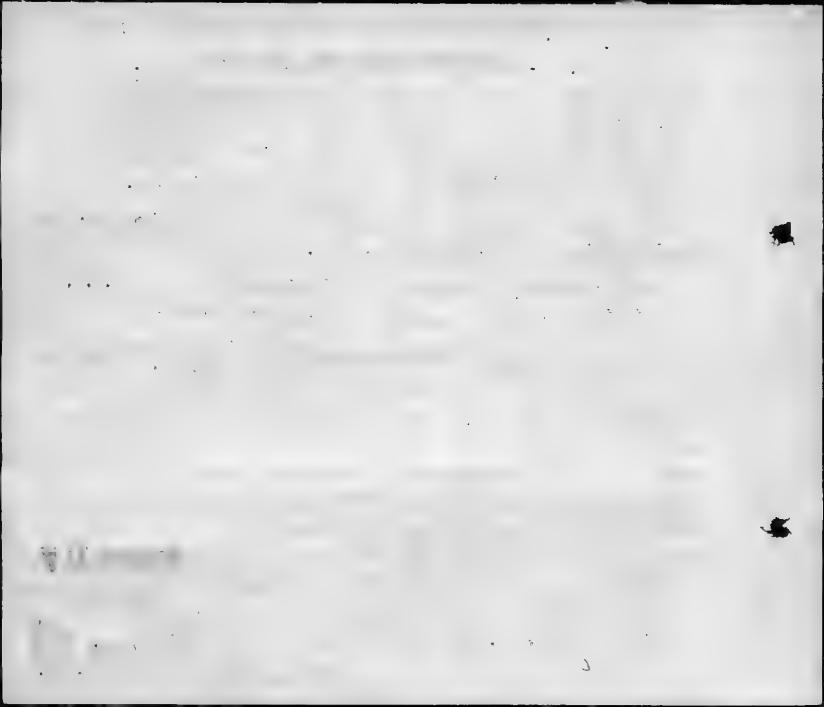
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## 91 . CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEA	ED
COUNTY Allegany	MARYLAND	STATE MD	COUNTY AL	Legany
CITY (It outside compresse limits write RUPA)	LENGTH OF STAY	CITY (if outside corpore	ete fimits, write RURAL end give	
OR and give neerest fown) Town Lenacening	(in this pleca)	TOWN Cas	tle street	
HOSPITAL OR	1	STREET	(If rure) give localis	on)
INSTITUTION OR STREET ADDRESS Castle Street	. +	ADDRE\$S		
			aconing , MD	
DECEASED	(Middle)	(£.est)	4. DATE (Month)	(Day) (Yeer)
(Type or Print) CATHERINE	CR	EIGHTON	DEATH JANA	19th 1956
S. SEX 6. COLOR OR 7. SINGLE, MARRI RACE WIDOWED, DIV	ED, B. DATE (	OF BIRTH 9		DER 1 YEAR HE UNDER 24 HRS.
Female White (Specify) Wi	dewed Dec.	12th. 1875	80 yrs. Month	s Deys Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b. KIN	ID OF BUSINESS	11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT
and the discount of the same o	INDUSTRY	Marra Contin		COUNTRY?
Heusewerk Own H	eme	Nova Scotia	AMF	U.S.A.
107 TOTALISM STATEMENT				
William McCann			Denaldsen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	. SOCIAL SECURITY NO.	17. INFORMANT & A	DOKE 22	
	N(a) etc	Ellen Cr	eighten (Da	ughteer)
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION LODGE	ening, MD.	ONSET AND DEATH
*	(0) 0 [ 1 ]	dh as I		21 7
IMMEDIATE CAUSE (A)	Cz o-Corco	prima i cho	Se	27.00
DISEASES OR CONDITIONS, IF ANY, (B)	esual Cir	Yeurschen	um ·	34.
GIVING RISE TO THE ABOVE CAUSE LAST. DUE TO	0	1-9-1-00	2.0.0	3411
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	process of	N Carenas	ciracia.	
TO THE DEATH BUT NOT RELATED TO THE	-			
190. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION	····		ZO, AUTOPSY?
				YES NO
216. ACCIDENT WAS UNDERLYING   216. PLACE (Homor OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINE)		21c. WHERE DID INJURY OCCUR	? (City or lown) (C	County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   21s.	INJURY OCCURRED	21f. HOW DID INJURY OCCUR	?	
M. at w			1	
22. I hereby certify that I attended the deces	sed from helm	19 0 to 19	10 6 : the	f I last saw the deceased
alive on 19 and				
	mai dedin occured a	ADDR	ESS (Street, city, town, state)	DATE SIGNED
S De Kielen	12 M.D.	Lacori	no mel	1/21/56.
23. BURIAL, CREMATION,   DATE THEREOF	NAME OF CEMETERY OR		LOGATION (City, town, or con	unty) (Stala)
REMOVAL (SPECIFY) V/	Mamania	Donle	Time athress	3.00
	56/Memoria	25, FUNERAL DIRECTOR'S	Frestburg,	ADDRESS
7 //	m/2-1	/1		
1000 /- 22- 56 Saunctto	V10 11 ( ) 11 71 V	1 (44)OR(44) R.1C	HHORN. LONAC	ON LIVER NULL



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# CERTIFICATE OF DEATH

			4
eg.	Dist.	No	

			Reg. D.	1900 ENGLANDED CONTRACTOR
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEAS	ED
county Allegany	MARYLAND	STATE Marvla	and county All	Legany
CITY (If outside corporate limits, write RURAL OR and give nearest fown)	LENGTH OF STAY (in this place)		rate limits, write RURAL and give i	neerest town)
TOWN Frostburg.	1 week		tburg,	
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give location	in)
STREET ADDRESS Miner's Hospit	a l		Hill Street	
3. NAME OF (First) DECEASED	(Auddie)	(Lost)	4. DATE (Month)	(Day) (Yeer)
(Type or Print) Rachel	H.	Dando	DEATH Jan.	26th, 19 56
5. SEX 6. COLOR OR 7. SINGLE, MAR RACE WIDOWED, D		OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.
	dowed Nov.	2nd, 1868	87 yrs. Months	s Deys Hours Min.
	IND OF BUSINESS	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
	sework	Maryland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
William Hamilton		Martha	Koontz	
	16. SOCIAL SECURITY NO.	17, INFORMANT & A	DDRESS	92 Hill St.,
(Yes, no, or tink.) (If Yes, give wer or dates of service)		Mrs.Lilli	an Hamilton,	F'bg. Md.
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION		ONSET AND DEATH
	cicinoma	& appoint	Calon.	(0 m12)
D.112 V.O.	000,00,7,70	7	-	9 //6
DISEASES OF CONDITIONS IF ANY IRI				
GIVING RISE TO THE ABOVE CAUSE DUE TO				
(C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE	Same !	1 72		
DISEASE OR CONDITION CAUSING DEATH.  198. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION	- Ly		20. AUTOPSY?
				YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street	ma, farm, fectory, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	(Cily or lown) (C	ounty) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21	B. INJURY OCCURRED	21f. HOW DID INJURY OCCUR	17	
W	hile Not white			
22. I hereby certify that I attended the dec		5 1055 to 1=	2.6 10 5 6 shall	L last saw the deceased
elive on	d that dooth assumed a	1//45 14 tram the c	auses and on the date str	I last saw the deceased
SIGNATURE )	u mai deam occurred e		RESS (Street, city, town, state):	
got allel	, M.D.	Frestle	ung mit	1/28/51
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OF		LOCATION (City, lown, or cou	inty) (Stets)
Burial 1-29-56	F'bg.Memor	ial Park	Frostburg,	Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR		25. FUNERAL DIRECTOR'S		ADDRESS
1 30 5% N Wayn	er i it seem	Togonh D	Dunat Tona	them was

INSTRUCTIONS

this this

e be executed within 24 hours after death.

certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYS. AN OR HOSTITAL: The law requires that the death certiff. The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed

BUREAU V. S.

300 I 834



IUMRAL certificate death

Mineral (If rure) give location) (Dey) (Yaer) IF UNDER 1 YEAR HE UNDER 24 HRS CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY?

NO Z

(State)

YES |

00024

19....., and that death occurred at \$207.8.M, from the causes and on the date stated above. DATE SIGNED

ADDRESS (Street, city, town, stella)

LOCATION (City, town, or county) BURIAL, CREMATION, REMOVAL (SPECIFY) Jan. 20, 1956 Westernport, Maryland Philos Cemetery Burkal

25. FUNERAL DIRECTOR'S SIGNATURE 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Fredlock Funeral Home, Piedmont, W. Va. Man. 20,

3 .V. U.L.

. . .

.

Reg. Dist. No. .. ..

	COUNTY A liegany CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	STATE Maryland county Alle	<u> </u>
	CITY (If outside corporate limits, write RURAL (LENGTH OF STAY (In this pleat) 100N (100 to 100 to 1	CITY (Il outside corporete limits, write RURAL end give neers OR TOWN Cumberland, d.	ast fown)
	HOSPITAL OR INSTITUTION OR STREET ADDRESS INS Grand Ave.	STREET (Ill rural give location) ADDRESS 129 Grand Ave.	
	3. NAME OF (First) (Middle)  (Type or Print) Ginnie Lee I	(Lost) 4. DATE (Month) Davis I - 3	(Day) (Year) (O - 1956
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O WIDOWED, DIVORCED, (Specify) Widowed Dec.	F BIRTH 9. AGE last birthday IF UNDER Months yrs.	1 YEAR   IF UNDER 24 HR Days Hours Min.
201	done during most of working life, even H retired) Housewill'e	11. BERTHPLACE (State or foreign country) 12.  Sperryville, Va.	CITIZEN OF WHAT
۱	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Silas Atkins  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	Mildred Cannon	
	(Yes, no, or unk.) (If Yes, give war or dates of sarvica) None	Harry L. Davis Cumbe	rland, Md.
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CER  18. MEDICAL CER	i Myorurshitas	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	oselowans	10.yrs
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
5 /	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
	216. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. PLACE [Homa, farm, factory, OF INJURY streat, office bidg., etc.]	ic. WHERE DID INJURY OCCUR? [City or town] [Count	(Stala)
	21d. TIME OF INJURY (Month) (Dey) (Ysar) (Hour) 21a. INJURY OCCURRED White Not white at work	21f. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from June		
	alive on 19.30, 19.50, and that death occurred at.  BIGNATURE  Clause & Surrett M.D.	ADDRESS (Street, city, town, steta)	DATE SIGNED
2	23. BURIAL, CREMATION, PARE OF CEMETERY OR REMOVAL (SPECIFY) 3UT121. Z-I-56 Rose Hill	Cem. Cur beile nd, In	
	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE WITH M. D. Frank M. D.	25 PHARAL DIRECTOR'S SIGNATURE	ADDRESS



#### CERTIFICATE OF DEATH 16

000264

							II.	eg. DIS1	NO		
1. PLACE OF DEAT	Н				2. USUAL RES	IDENC	E (HOME) OF D	ECEASE	D		
COUNTY ALLE	SANY		MARYL	AND	STATE MARYL	AND	COUNTY	ALLEG	ANY		
	orate limits, write RUR	AL	LENGTH O	F STAY			te limits, write RURAL a				
TOWN CUMBER			' _ '	DAYS	TOWNCUMBE	DI A	ND				
HOSPITAL OR	<u> </u>			ZHI.J	STREET		(If oural ois	re focetion)			
STREET ADDRESS	MEMORIAL H	OSPITAL			ADDRES 29 N	MARY	LAND AVENU	E			
3. NAME OF	(First)	()	Middle)		(Last)		4. DATE Mor		(Day)	{Yee	nr)
OFCEASED (Type or Print)	SUSIE		E.	D.	AVIS		DEATH JA	NUARY	24	19	56
		SINGLE, MARRIE	D,	8. DATE C		9,	AGE lest birthday	IF UNDER		IF UNDER	1
EMALE WHI	ŤΕ	(Specify) MAF	REIFD	APR	11 2 1889		66 yrs.	Months	Days	Hours	Min.
10. USUAL OCCUPATION	(Give kind of work	10b, KINE	OF BUSINES	SAPR	11. BIRTHPLACE (State o	r foreign	· · · · · · · · · · · · · · · · · · ·	12		N OF WHA	AT
done during most of w			HOME		WEST VIE	RGIN	IA		COUN		
13. FATHER'S NAME	420	1 01121	TTONE		14. MOTHER'S MA					US.	4
KEPLINGER,	GEORGE H.				MARTIN.	ELI	LEN				
15. WAS DECEASED EVER	IN U. S. ARMED FO	RCES?   16.	SOCIAL SEC	URITY NO.	17. INFORMAN						
(Yas, no, or unk.) (If Yes,	, give wer or detes of	service)	NONE	A strongth season	MEMO	RIA	L HOSPITAL				
I DISEASES OR CONDITIO	NAME OF OFFICE AS A DE	NO 70 DE 1711			TIFICATION		-			RVAL BETW	
i Diseases OK CONDITIO	INS DIRECTLY CEADS		mola	-0 :	icular a	400	Acret		UNS	iet and di	4
* FMMEDIATE		· ———	Leve	ac va	70000	٢٠٠٠	,			W ELE	<u></u>
ANTECEDENT DISEASES OR CONDITION											
GIVING RISE TO THE ABOUT STATING UNDERLYING C	OVE CAUSE										
	(C)										
11 OTHER SIGNIFICANT CO TO THE DEATH BUT NOT			.0. 0		1 . 1	4 -	11. 12-		1		
DISEASE OR CONDITION	CAUSING DEATH,_				hyperloces:	ive	HEINE GOD	erte		yea	
19a. DATE OF OPERATION	196. MA	JOR FINDINGS C	OF OPERATION	٧					YES	AUTOPS	3Y?
21a. ACCIDENT WAS UNE		. PLACE (Home,			Ic. WHERE DID INJURY C	OCCUR?	(City or town)	(Cour	1	(Slete)	
OR CONTRIBUTING [] CAUS		INJURY street, of	fice bldg., etc	-)							
21d. TIME OF INJURY (M	onth) (Dey) (Year)	While		while	21f. HOW DID INJURY C	OCCUR?					
		M. st wo		work	/~ ">	/	2/4 (7	,			
22. I hereby certi											ceasec
alive on		and and	that death	occurred at	L:25AM, from 1	the cau	uses and on the c	late state	d above	D.	
.1)	Ballin			17	Grane Si				0 1	124	<7
23. BURIAL, CREMATION,	-	REOF	NAME OF	CEMETERY OR	CREMATORY		LOCATION (City, town	n, or county	1		State)
REMOVAL (SPECIFY) Burial	Tan.	27,195	6 Hil	Cres	t Cemeter	U	Cumberla	ind	MA		
24. REC'D BY REGISTRAR	REGISTRAF	S SIGNATURE	er <u>j j de de e</u>	/	25. FUNERAL DIRECT	OR'S SIG	GNATURE		ADDRESS		
() 1. 1 1B	1/11	To. 1).	7. 7	T m n	William	T.T	Kinht o.		2	٦ :	-

MSTRUCTIONS

Affer ö

copy

72 hours after death. director, the third cop

the registrar within in by the funeral

The law mquirm that the damb commune be executed within 24 hours after be retained by the hispital or Hending Rysician.

certificate has been erecularly should be described as a furial transit permit. The battom copy may

A15C 1-55 10M



CEDY

TO PURPLE PRINTED The law requires the the death mriticate be filled with the registrar within 72 means after death. certificate has been executed by the attending physician and completely filled in My the funeral director, the third cap death certificate assembly should be detached for use as a burial transit permit.

ATTENDING PHYS. AN OR HOSPITAL: The law requires that the death certain. The bottom copy may be retained by the hospital or attending physician.

RSTRUCTIONS

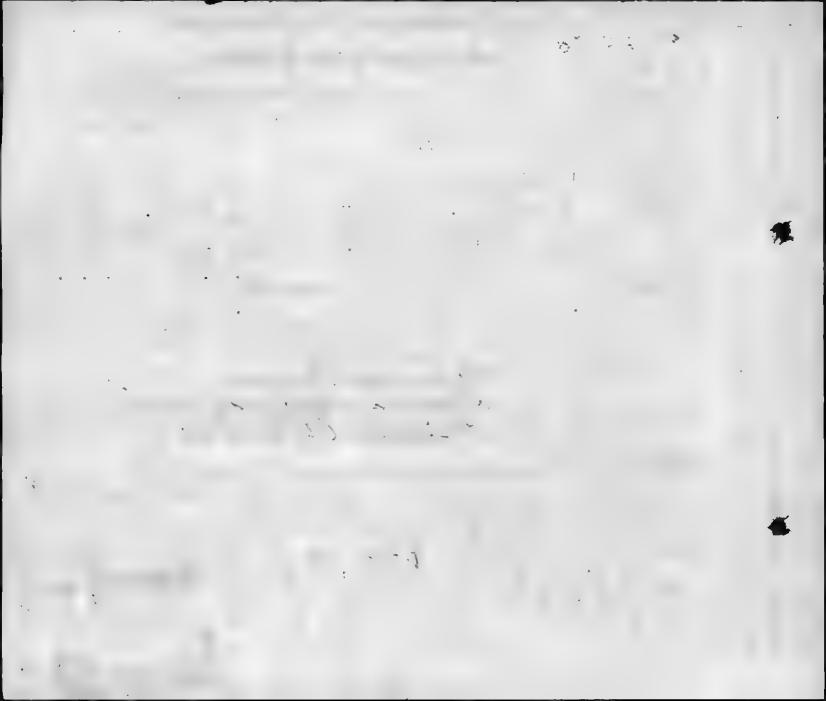
ie be executed within 24 hours after

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00027

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ALLEGANY MARYLAND	STATE ARTHUR COUNTY GRANT
CITY (Il outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN CUMBERLAND, (In this place)	TOWN WEST VIRGINIA .
HOSPITAL OR	STREET (H rure! give location)
INSTITUTION OR STREET ADDRESS MEMORAAL HOSPITAL	ADDRESS
3. NAME OF (first) (Middle) DECEASED	(Lest) 4. DATE (Month) (Day) (Year)
(Type or Print) CLAUDE ? R.	DAY DEATH JAN. 30 19
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	F OF BIRTH 9. A GE last birthday IF UNDER 1 YEAR IF UNDER 24 HT
	EB. 2, 1885 70 💥 yrs. Months Deys Hours Min
10a. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if  Retired Farmer  Own Farm	W. VA. U. S. A.
Retired Farmer   Own Farm	14. MOTHER'S MAIDEN NAME
JOHN W. DAY	
	MARY S. HEAVNER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yas, no, or unk.) (If Yas, give wer or detes of service)	17. INFORMANT & ADDRESS EMORIAL HOSPITAL
No	MEMORIAL AND WARWICK AVES
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION ONSET AND DEATH
all a hard	Oracl And Beam
20/ M. IMMEDIATE CAUSE (A)	is Masketisk Willeys.
ANTECEDENT CAUSE(S) DUE TO	12ml -a . Park har all
DISEASES OR CONDITIONS, IF ANY, (B)	- a source rung
STATING UNDERLYING CAUSE LAST, DOE TO	e (womin)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
The part of a contract	YES NO TY
216. ACCIDENT WAS UNDERLYING   216 PLACE (Homa, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a. INJURY OCCURRED While Not white	211. HOW DID INJURY OCCUR?
M. et work at work	
22. I hereby certify that ! attended the deceased from	7. 1956, to / 30. 1956, that I last saw the decease
alive on	~ ^70
alive distance in a death occurred	ADDRESS (Street, city, town, state) DATE SIGNE
A'X. Williams ND	Cumberland ned 1-31-5
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY	
REMOVAL (SPECIFY)	110 - 11110
Bund - Veb. 2-1956 Inaple He	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FONERAL DIRECTOR'S SIGNATURE ADDRESS



V\$ A15C 1-55 10M

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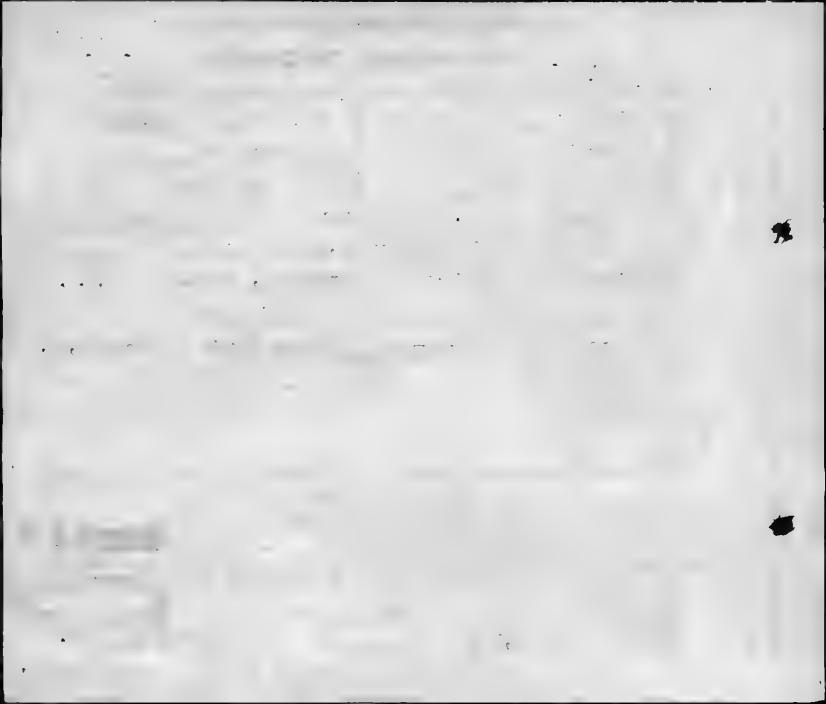
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CERTIFICATE OF DEATH

00028

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDE	NCE (HOME) OF DECEASED	
COUNTY Allegany MARYLAND	STATE Warv	land county Allega	nv
CITY (If outside corporate limits, write RURAL LENGTH OF STAY		orete limits, write RURAL and give necrest tow	
OR and give nearest town) TOWN Lenacening (in this plece)	TOWN -	ening	
HOSPITAL OR	STREET	(If rural give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS		
		igh Street	70
HIEROTO I	(Last)	4. DATE (Month) (Day)	(Year) 4
	evlin	DEATH January 1	6 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE (	OF BIRTH	9. AGE lest birthday   IF UNDER 1 YEAR	
Male White Specify Widewed Nev	22. 1875	80 ALE WOULDS	130013 Milli
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11 BIRTHPLACE (State or for	nign country) 12. CITI	ZEN OF WHAT
ratired) Retired Miner Coal Mine	Lenacening	4	SAA
13. FATHER'S NAME	14. MOTHER'S MAIDEN	The state of the s	UARA
Transcer Dareliam	dans d	**********	
Henry Devlin  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	Annie		
(Yes, no, or unk.) (If Yes, give wer or deles of service)			
ne 216-05-5859		Devlin Lenaceni	TERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION		NSET AND DEATH
5033 IMMEDIATE CAUSE (A) CANDIN C	Edusin		3 min
ANTECEDENT CAUSE(S) DUE TO	0		2 1/2
DISEASES OR CONDITIONS, IF ANY, (B)	ulmorre		) - 4 Scar
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO			1.6
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	cois		2-13 /12
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  DISEASE OR CONDITION CAUSING DEATH.	mulate do	ny	im pres
190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION ()			20. AUTOPSY?
mo'55 Benin Vir	Xiles Hyl	Derfrohy 1 VI	ES NO D
21s. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidgy, etc.) (FETHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCC	JR? (City or ionin) (County)	(State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e, INJURY OCCURED While Not while	211. HOW DID INJURY OCC	JR?	
M. mi work et work			
22. I hereby certify that I attended the deceased from	1952 10 /6	19 that I last s	aw the deceased
	1 10 0	causes and on the date stated abo	ve.
SIGNATURE ( ) . ()		RESS (Street, city, town, state)	DATE SIGNED
Local Vickards - M.O.	Loracon	ing, md. 1	117/56
23 BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR	CREMATORY	LOCATION (City, lown, or county)	(Stete)
REMOVAL (SPECIFY) Burial Jan 19.1956 St Warner		Lenacening,	Md.
24, REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S		
DATE 1-19-56 Jaunette M Dout	George El		ning, Md.



INSTRUCTIONS

The bottom copy may be

VS A15C 1-55 10M

94

### CERTIFICATE OF DEATH

Reg. Dist. No. . S

I. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEA	SED
COUNTY Allegany	MARYLAND	STATE NOTE.	COUNTY AT	Terrent
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (if outside corpor	ete limits, write RURAL and give	nearest lown)
Town Lanacening	(in this place)	TOWN Lone	cening	
HOSPITAL OR		STREET	(If rural give foceti	onl
INSTITUTION OR STREET ADDRESS ROCKVILLE ST	reet	ADDRESS	ville Stree	
3. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) HENRIE TITA	GREY	DONALDSON	DEATH Jan,	18th., 56
5. SEX 6. COLOR OR 7. SINGLE, MA RACE WIDOWED,	RRIED, B. DATE	OF BIRTH 9		IDER 1 YEAR IF UNDER 24 HR
Female White Specific	dewed Dec	, 2nd. 1863	92 yrs. Month	s Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b.	KIND OF BUSINESS	11. BIRTHPLACE (Stele or foreig		12. CITIZEN OF WHAT
4	OR INDUSTRY Home	dlanoew c	estlend	COUNTRY?
refired) Housework Own	Lanc	GLASCOW, S		U.S.A.
James Cuthberts			a Campbell	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	
(Yes, po, or unk.) (H Yes, give wer or datas of service)	NOW	Miss. Jes	sie Denalds	on. Daughte
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	IS. MEDICAL CE	RTIFICATION Lenac	ening. MD.	INTERVAL BETWEEN ONSET AND DEATH
A DISEASES OF CONDITIONS DIRECTLY LEADING TO DEA	" 1. ()	the auto	3,	10.1
IMMEDIATE CAUSE (A)	Consoral	(mounsines)	2	18 M.
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	Cerebral	anderessed	leines	54.
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)	eneralized	a New De	kipis	10 40.
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
198. DATE OF OPERATION 198. MAJOR FINDING	GS OF OPERATION			20. AUTOPSY?
	-	_		YES NO
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (HOR CONTRIBUTING   CAUSE OF DEATH OF INJURY STREET (IF EITHER, NOTIFY MEDICAL EXAMINER)	lome, farm, fectory, at, offica bldg., etc.)	21c, WHERE DID INJURY OCCUR	? (City ar town) (C	County) (State)
	Not while Not while at work are work	21f. HOW DID INJURY OCCUR	?	
22. I hereby certify that I attended the de	Series	10 [2-10 18	19.5 6, tha	A f. last save that discusses
		17	- 1 1 1 1 1 1 1 1	il i igai aam ille decegael
alive on S and 19 5 and a	nd that deam occurred a	it ZSCM, from the ca	iuses and on the date st ESS (Street, city_town, style)	DATE CIGNET
Deorbe to chard	M.D.	Lonacon	ing, mi	1/19/56
28: BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OF	R CREMATORY	LOCATION (City, town, or co	unity) (State)
Burial Jan, 20,1	956 Memorial	Park	Frestburg,	MD.
24. REC'D BY REGISTRAR' REGISTRAR'S SIGNATU		25. FUNERAL DIRECTOR'S S	IGNATURE	ADDRESS
DATE / -20 56 Ametto	m (goal	GEORGE EIC	HHORN; Lona	coning, MD.



MARYLAND	STATE DEPARTME	NT OF HEALTH	-BALTIMORE, 1
NATIONAL POSTAGE	CAMIN MPLANTING	IAT AT TIEWPITE	D'ATE I INTERNET, I

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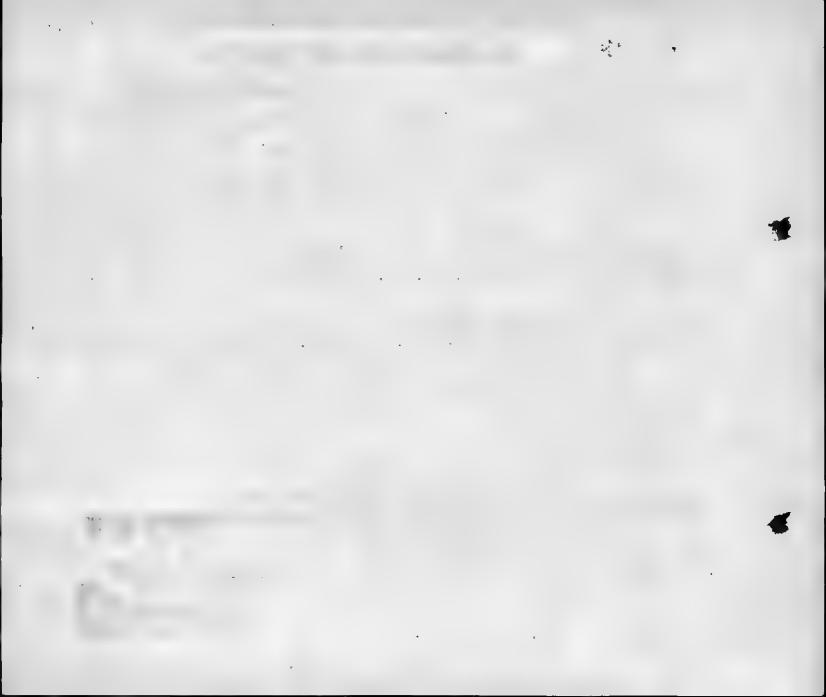
Within corporate himila

18

### CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEA	BED
	COUNTY Allegany	MARYLAND	STATE Mary	land county al	legany
	CITY (If outside corporate timits, write RURAL OR end give neerest town) TOWN Cumberland	(In this place)	OR	orele limils, write RURAL end give	nearest fown)
	HOSPITAL OR		STREET	(if rurel give locati	on)
	STREET ADDRESS 539 Henderson is	Stronijo	ADDRESS	Handaman Arr	0.001.0
		Widd(e)	(Last)	Henderson Av	(Dev) (Yeer)
	DECEASED		,,	OF	1
	(Type or Print) ROY FPEDER:				8ry 3 156
	5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIV	D, 8. DATE OF	F BIRTH		DER 1 YEAR IF UNDER 24 HRS.
	Male white (Specify) ar		24, 1898	57 yrs. Month	s Deys Hours Min.
	10a USUAL OCCUPATION (Gree bird of work   1 10b KIN	D OF BUSINESS	11 RIPTHRI ACE (State or form	ion country)	12. CITIZEN OF WHAT
٠,	done during most of working life, even if OR	INDUSTRY	77 7	Jaryland	COUNTRY?
7	refred Inspector Alleg	g. Jo. Ad.	V-le Summit	. Maryland	U.S.A.
	13. FATHER'S NAME Alcoholic Bev.		14. MOTHER'S MAIDEN	NAME	
	J.)H.V. whl. I		* TOOT IN	K IPPE BUIG	
		SOCIAL SECURITY NO.	17, INFORMANT &		2 1
4	(Yes, no, or unk.) (If Yes, give wer or detes of service)			ang nen	derson Ave.
U	No.   3	17-10-4735		<u>ie Drumm Cum</u>	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION	•	INTERVAL BETWEEN ONSET AND DEATH
		Carre o			Codo
	IMMEDIATE CAUSE (A)	TOWN SAME AND			1486
	ANTECEDENT CAUSE(S) DUE TO	20 1/ 400	to por		1/2/
	DISEASES OR CONDITIONS, IF ANY, (B)	Enser 4 per	302-6		7 2 7 1 1
	STATING UNDERLYING CAUSE LAST, DUE TO	• /			
	(C)				
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
١.	DISEASE OR CONDITION CAUSING DEATH.				
	190. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
`					YES NO X
	216. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)		Ic. WHERE DID INJURY OCCU	JR? (City or town) (C	(Slete)
	21d, TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. White		21f. HOW DID INJURY OCCU	JR?	
	M. el wo				
	22. I hereby certify that I attended the decea	sed from	, 19 - 4, to	\$^, 19£, tha	t I last saw the deceased
	alive on	that death occurred at.	M, from the	causes and on the date st	ated above.
10M	BIGNATURE /			RESS (Street, city, town, state)	DATE SIGNED
	6 /hrings	M.D. 5	12. 1 1	Inchestone	(Slate)
1-55	23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, lown, or con	inly) (Slete)
A15C	PEMOVAL (SPECIEV)				
	Eurial Jan.11,1950	1 pra refer	1 25. FUNERAL DIRECTOR'S	Cem. Cumberla	
5	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	5 D. 10	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
	DATE 1/11/56 W.R. From	dy. M. N.	John J. Ha:	fer, umberla	nd, Maryland



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE OF DEATH

l'igh		ate limits	MARYLAND ST	ATE DEPARTMEN	T OF HEALTH-E	SALTIMORE, 18	00031
s after	oth. After co≣y of	* 19	CER	TIFICATE	OF DEA		4
100	fhird of	Item 8, FilmG192	2-7-56 et				Dist. No
74	e the		NITT			ICE (HOME) OF DECE	
1	班车	COUNTY ALLEGAT		MARYLAND LENGTH OF STAY	STATE MARYI	AND COUNTY AL	
d within	director,	OR and give nearest fown) 12 TOWN CUMBER HOSPITAL OR		(in this place) 50 yrs.	OR	RLAND (If ruraf giva loca	**
executed	funaral d	* STREET ADDRESS 626			ADDRESS 626	N. ME CHANI	C STRIET
9	Ţ	THE PERSON NAMED IN		• EHRBA	(Last)	4. DATE (Month) OF DEATH JAN	(Day) (Year)
- E	registrar by the	(Type or Print) LU					• 26 <sub>19</sub> 56
To the second	the reg	F RACE!	WIDOWED DIV	8RCED SEPT.	27, 1898	58 yrs. Mor	oths Days Hours Min.
eath o	filled .	10e. USUAL OCCUPATION (Give to done during most of working salined) HOUSEWIF	lifa, avan if OR	INDUSTRY	II. BIRTHPLACE (Slata or fore), HAGERSTOWN,		12. CITIZEN OF WHAT COUNTRY? USA
2 2	P >=	13. FATHER'S NAME			14. MOTHER'S MAIDEN I		
<b>5</b> ≒ ∈	be fi	AGUSTI			DAISY BEL		
s tha	comp isl tra	(Yas, no, or unk ) [If Yas, giva w		SOCIAL SECURITY NO.	17. INFORMANT & A		C 6 200
2 4 4 5 Y	and o	NO I		18. MEDICAL CER		HY EHRBAR,	SA. E
9 2	, 00 .v	I DISEASES OR CONDITIONS DIR					ONSET AND DEATH
	hysician	40 MIMMEDIATE CAUSE		hrenie Myecare	itis & Myecar	dial degenerat	ion 2 years
		ANTECEDENT CAUSE					
TAL:	1 00	DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE C. STATING UNDERLYING CAUSE !	ANY, (B) AUSE LAST, DUE TO				
HOSEL!		TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSI	ED TO THE				
<b>24</b> €	- A	198. DATE OF OPERATION	196, MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
2.5	The law red by showing b	214. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH OF INJURY straet, o	s, farm, factory, 2 office bldg., atc.)	c. WHERE DID INJURY OCCUR	(City or town)	(County) (State)
		(IF EITHER, NOTIFY MEDICAL EXAMI 21d. TIME OF INJURY (Month)	(Day) (Year) (Hour) 21a, Whil	a Not white	II. HOW DID INJURY OCCUR	R}	
PHY	RECTOR: been error	22. I hereby certify the	M.   at w		, 19 <u>55</u> , 10Jan	26th , 1956 , 1	nat I last saw the deceased
2 0			1., 19 56 and	that death occurred at.	2:00A, from the c	auses and on the date	stated above.
ATTENDING he bottom con	5 2 2 2	SIGNATURE P. M	Theres	kis, Dr.M.O.	Cumberland	RESS (Street, city, town, state, Maryland	1/27/56
ATT	curtifical death c	23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	1/28/56	ROSE HILL	CREMATORY	C. MEER LAND	
5	5 SY	24 REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	0 1	25. FUNERAL DIRECTOR'S		ADDRESS

25. FUNERAL DIRECTOR'S SIGNATURE JOHN J. HAPER,

BUREAU V. S.

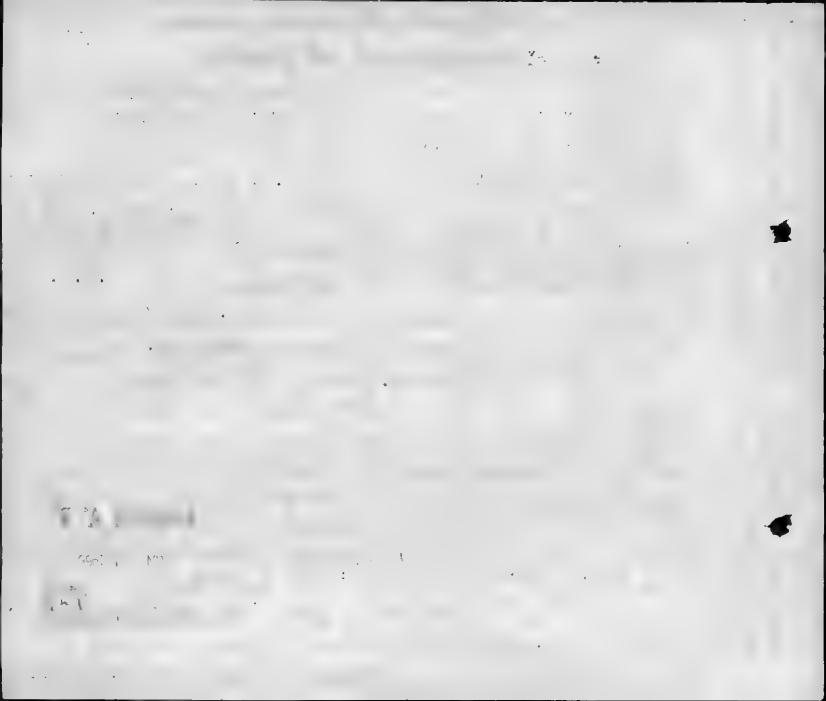
DECENVED

F. . . To the de

Š

Burial 1958 Eckhart Cemetery Eckhart. REC'D BY REGISTRAR 25. FÜNERAL DIRECTOR'S SIGNATURE Funeral Home.

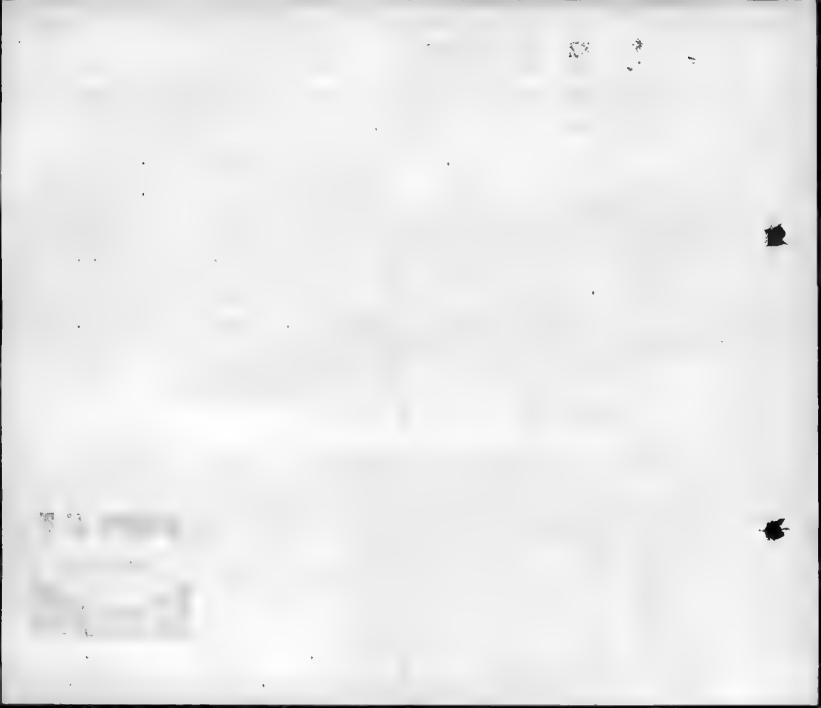
Maryland **ADDRESS** Frostburg, Maryland



LEASE TYPE 01

orrect

and that death occurred at M. from the causes and on the date stated above, DATE SIGNED BURIAL CREMATION LOCATION (C.ty, town, or county) DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) 1-23-1956 Cooks Mills, Penna. Buria1 Cooks Mills Cem. 24. FUNERAL DIRECTOR MATE REC'D BY LOCAL SIGNATURE ADORESS Charles L. George Cumberland.Md.

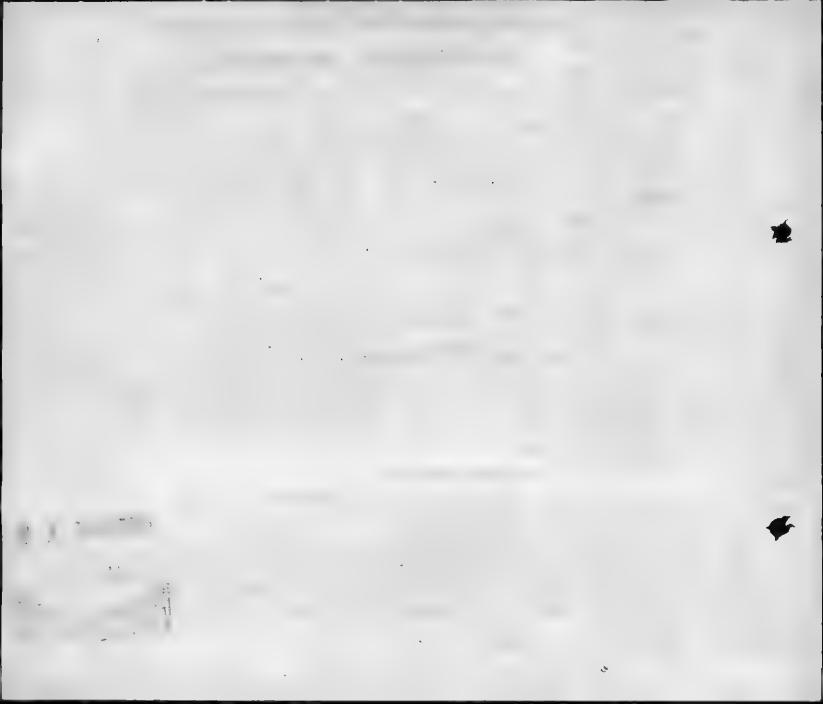


### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

James F. Scarpelli, Cumberland, Maryland.

11	Ã.	22								0(	0034
1	779	22	CE	RTIFIC	ATE	OF	DEA	TH			1
									Reg. Die		. :7.
1.	PLACE OF							E (HOME) C			
	COUNTY AL			MARYL			MARYLAND		INTYALLEGI		
100	CITY (If outsid OR end give TOWN	e corporete limite neerest town) CUMBE	, write RURAL	LENGTH O	ece)	OR		e fimits, write RU	IRAL and give no	serest town)	
-	HOSPITAL OR	COMP	KLAND	9 DA'	rs	TOWN	CUMBERL		eral give location	1	
`	INSTITUTION OF	MEMOR	RIAL HOSPI	TAL		ADDRESS	#3 BROW		ital Bise location	1	15
3.	NAME OF DECEASED	(Fir	•	(Middle)		(Last)		4. DATE	(Month)	(Day)	(Year)
	(Type or Print)	GEORGE		W.	FRE	ELAND	· ·	DEATH	JAN.	22	,56
		RACE_	7. SINGLE, A	D. DIVORCED.	B. DATE OF	BIRTH	9.	AGE lest birthe	lay IF UNDI Months	ER 1 YEAR	IF UNDER 24 Hours   A
	.E	WHITE	(Spacify[/	ARRIED	2-24			76	yrs.		
Ret	DEVAL OCCUPA	ATION (Grye kin <del>Ngalayorkin b</del> il	Arra Inspec	KIND OF BUSINES	1	1. BIRTHPLACE	(State or foreign	country)		12. CITIZEN COUNT	
	FATHER'S NAME	- RATLK(	DADING B	& O. R.	R. Co.	WEST	VIRGIN	IA Key	ser	USA	
GEORGE FREELAND					MARGARET SHAFFER						
15			ARMED FORCES?	I 16. SOCIAL SECT	IPITY NO		ORMANT & AD		<u> </u>		
			or detes of service)						77. 4. 1		
1 /u A				705-05-8	ICAL CERT	IFICATION	MEMORIA	L HOSPI	IAL	INTERY	VAL BETWEE
	DISEASES OR CO	NDITIONS DIREC	TLY LEADING TO DE	ATH						ONSE	T AND DEAT
7	IMME	DIATE CAUSE	(A)	cerm	m -sy	با باسه من مرد	May				dering
פות	ANTECE	EDENT CAUSE(S)	DUE TO	Cerch	selve	the C	Position ?	meciali	Des		0 2/2
GIV	ASES OR CONI ING RISE TO TH TING UNDERLYIN	IE ABOVE CAL	SE DUE TO				· · · · · · · · · · · · · · · · · · ·		<u></u>		-
	OTHER SIGNIFICAL		(C)								
1	O THE DEATH BU	T NOT RELATED	TO THE							1	
	DATE OF OPERA			NGS OF OPERATION						20.	AUTOPSY?
										YES [	
R I	ACCIDENT WAS CONTRIBUTING [] ITHER, NOTIFY ME	CAUSE OF DEA	TH OF INJURY at	Hame, ferm, fectory set, office bldg., etc.	5 210	. WHERE DID IN	NJURY OCCUR?	(City or fown)	(Coi	inly)	(State)
21d.	TIME OF INJURY	(Month) (D	ay) (Yaer) (Hour)	21e. INJURY OCCU	RRED 21	I. HOW DID IN	JURY OCCUR?				
			М,	et work at v	ork						
22	I hereby e	certify, that	I attended the d	eceased from	5 Jan	, 1956	, lo. 22	form ., 19.	SEG, that	l last saw	the decea
	alive on	2- /26-A	., 19.56	and that death	occurred at	1:20PM,	from the Cau	ses and on	the date stat		
	Levr	nes 6	Stegm	ain	12	2200	ADDRE	SS (Street, city	y, town, state)	ا0 استخار ا	ATE SIGN
23.	BURIAL, CREMA		DATE THEREOF		M D.			LOCATION (City			State
											(0
241)	REC'D BY REGIST	IRAR I	Jan 25 1 REGISTRAR'S SIGNA	JOO ININ	TA TUIT	eran Ce	metery	Cimber	Land, Ma	arylan Address	d

DECEIVED 1956





this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Within corporate limits

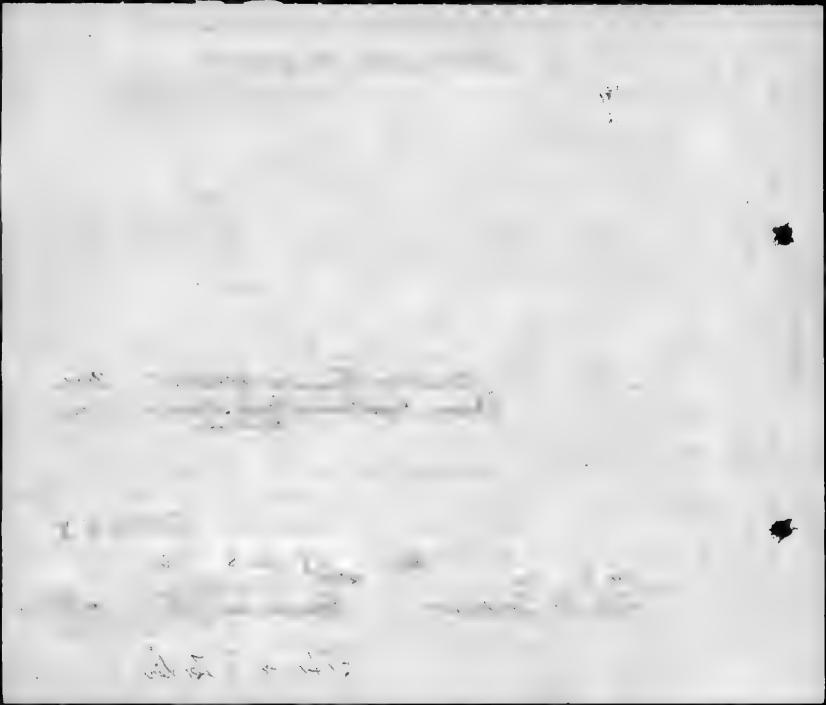
25

# CERTIFICATE OF DEATH

00037

Reg. Dist. No. 4

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEASE	D
COUNTY Allegany	MARYLAND	STATE Mary	land county Alle	ganj
CITY (If outside corporate limits, write RUR)	AL LENGTH OF STAY	CITY (Il outside corpor	ate limits, write RURAL and give ne	erest town)
) TOWN Cumberland	(in this elece) 5 days	TOWN Corri	ganville	,
HOSPITAL OR		STREET ADDRESS	(If rural give location)	·
INSTITUTION OR STREET ADDRESS Sacred Hea	art	MDDK533		
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Samuel	W. G	arey	DEATH Jan. 8	,1936 ,56
5. SEX   6. COLOR OR   7.	SINGLE, MARRIED, 8. DATE	OF BIRTH S	AGE lest birthday   IF UNDE	R 1 YEAR   IF UNDER 24 HR
	widowed, divorced, (Specify) Married Jul	1 100 1 200 1	74 yrs. Months	Days Hours Min
0s. USUAL OCCUPATION (Give kind of work	) 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreig	in country) 1	2. CITIZEN OF WHAT
done during most of working life, even it relired Carpenter and	OR INDUSTRY	Corriganvil:	I A MA	COUNTRY? USA
FATHER'S NAME	Burner, Larmine	14. MOTHER'S MAIDEN N		OCA
Samuel Garey		Lucinda		
. WAS DECEASED EVER IN U. S. ARMED FO		17. INFORMANT & A	DDRESS	MI.
(If Yaz, give wer or dates of	None	Mrs. Es	ther Lepley, C	orriganvil
AV.	18. MEDICAL CE			INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADIN	IG TO DEATH	~ 1	2 2 1	ONSET AND DEATH
', '3X IMMEDIATE CAUSE (A)	Pretrue	Yangular 6	recident	Fich.
ANTECEDENT CAUSE(S) DUE	TO 01 : 1/	1 . 0 .	1. 21 1	
HISEASES OR CONDITIONS, IF ANY, IB)	Caronic Ctype	MEMMIE CON	io kincertur	374
SIVING RISE TO THE ABOVE CAUSE TATING UNDERLYING CAUSE LAST.	10	alio	lless	
I OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.  Do. DATE OF OPERATION 19b. MAJ	JOR FINDINGS OF OPERATION			20. AUTOPSY?
. DATE OF OPERATION	OK FINDINGS OF OPERATION			YES NO
In. ACCIDENT WAS UNDERLYING 1 216	. PLACE (Home, Farm, Tactory,	21c. WHERE DID INJURY OCCUR	? (City or town) (Con	inly) (State)
	INJURY street, office bldg., etc.)			
	(Hour)   21e. INJURY OCCURRED	211. HOW DID INJURY OCCUR	?	
	M. et work at work			
		- Oa	C/ 5/	
2. I hereby certify that I attende			1954, that	
alive on 19.5	la, and that death occurred a	at. 2. 35.1 M, from the co	auses and on the date stat	ed above.
SIGNATURE	1	ADDR	ESS (Street, city, town, stete)	DATE SIGNS
AHUG OL J	onlar M.D.	Anni hour	an he	7-8.5
3. BURIAL, CHEMATION, DATE THE	REOF NAME OF CEMETERY OF	R CREMATORY	LOCATION (City, Iown, or count	γ) (State)
REMOVAC (SPECIFY) BUT 121 Ton	44 1050 11377 2004	+ Compthum	Carmboon I and III.	3
o alle	13,1956 Hillcres	t Cemetery	Cumberland, Mo	ADDRESS
		23 TONERAL DIRECTOR'S	7.	VPOKE33
W.R. 1-12-56 W.R	Tranta m.h	VHELIACELL	M. LOIANDAIT.	and non Do



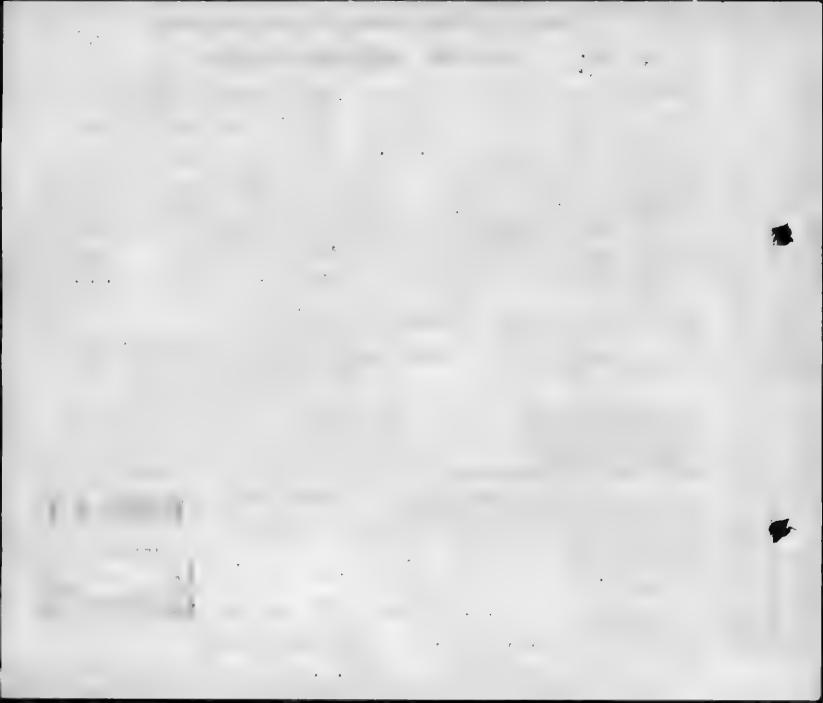
FUNERAL DIRECTOR: The law requires that the death certificate be filed The Sottom copy may be retained by the hospital or attending physician.

ATTENDING PHY

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# CERTIFICATE OF DEATH

CITY (If outsi	Allegany de corporela (mils, write RUR		2.				Reg. Dist	. Pio.	
CITY (If outsi	ide corporata limits, write RUR			UBUAI	L RESIDEN	CE (HOME) OF	DECEASE		
CITY (If outsi	ide corporata limits, write RUR						Alleg		
OR and give C	to connect town	AL LENGTH OF		CITY (	laryland	COUNT	Y		
HOSPITAL OR	umberland	(in this pla	nce)	OR TOWN	Cumber	_	-		
INSTITUTION C		7yrs.	thio.	STREET			giva location)		
STREET ADDRE	ss Sylvan H	etreat		ADDRES:		Cumberlan		o+	
3. NAME OF	(First)	(Middle)	(Lest	1)	41)	4. DATE (A		(Day)	
DECEASED (Type or Print)	Beatrice	Agnes	Gett	y		OF	anuary		1
S. SEX	6. COLOR OR   7.	SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRT	TH	5	P. AGE last birthday	) IF UNDER	-	IF UND
F	RACE W	(Specify) S	March 20	. 187	1).	81 ,,	Months	Days	Hous
10a. USUAL OCCU	PATION (Giva kind of work	106. KIND OF BUSINESS			(State or foreig		1	. CHIZE	
	usework	Own Home	We	stern	mort.	Maryland	1	J.S.A	
13. FATHER'S NAM		1 Ottal faculto			ER'S MAIDEN N			0 80 821	
John Ca	nn Cotty			Mar	w Cathe	erine Koon	t.0		
15. WAS DECEASE	rr Getty D EVER IN U. S. ARMED FO	RCES?   16. SOCIAL SECU	IRITY NO.	17. IN	FORMANT & A	erine Koon	04		
(Yes, no, or unk.)	(If Yes, give wer or detes of	service) None		Hube	rt Fari	rell, Cumbe	rland.	Md (	Nep.
1911	ONDITIONS DIRECTLY LEADI	18. 州東口	ICAL CERTIFI					INTE	RVAL BI
1 DISEASES OR C	ONUMONS DIRECTLY LEADS	NG TO DEATH	21110	411	· 7/.	nonla	- /	ONS	ET AND
	MEDIATE CAUSE (A)	# //	• •	7	119	pozras	10	-	26
DISEASES OR COL	CEDENT CAUSE(S)  DUE  NDITIONS, IF ANY, (B)	Chro	acc.	The	nea	roths	-		>
GIVING RISE TO STATING UNDERLY	THE ABOVE CAUSE VING CAUSE LAST, DUE	10 Cercle	ral a	rle	400	elerosa	0.		>,
TO THE DEATH 8	ANT CONDITIONS CONTRIBU OUT NOT RELATED TO THE NOITION CAUSING DEATH.	Jew Sew	le pa	24CI	losis				74
19a. DATE OF OPE	RATION 196. MA	JOR FINDINGS OF OPERATION	8	,					. AÚTC
21a. ACCIDENT W	AS UNDERLYING 17 1 216	. PLACE (Home, farm, factory	. 1 71c V	WHERE DID	INJURY OCCUR	(City or town)	{Cour	YES	{Sin
(IF EITHER, NOTIFY	CAUSE OF DEATH OF	INJURY straet, office bldg., etc.	)				1COU		1311
21d. TIME OF INJU	RY (Month) (Day) (Yeer)	(Hour) 21e, INJURY OCCU While Not M. at work et w	RRED 21f, H	HOW DID I	NJURY OCCUR	17			
22. I hereby	certify that I attend	ed the deceased from.	eu 2	19.52	to Jan	3 <u>0</u> ,, 195.	6, that T	last sav	v the
alive on	Jan 30 1956	and that death	occurred at 4	45A M.	from the ca	auses and on the	date state	d above	e.
SIGNATU	11057.75	Ceau	M. D.	40	CADDR	RESS (Street, city, 1	pwn, stata)		-3
23. BURIAL, CREM	ATION, DATE THE		EMETERY OR CREM			LOCATION (City, t	own, or county	)	
Buria 24, REC'D BY REG	1 Feb.	2. 1956 St. Pe	ter's Cem	etery	r	Westernp	ort, M	aryla	ind



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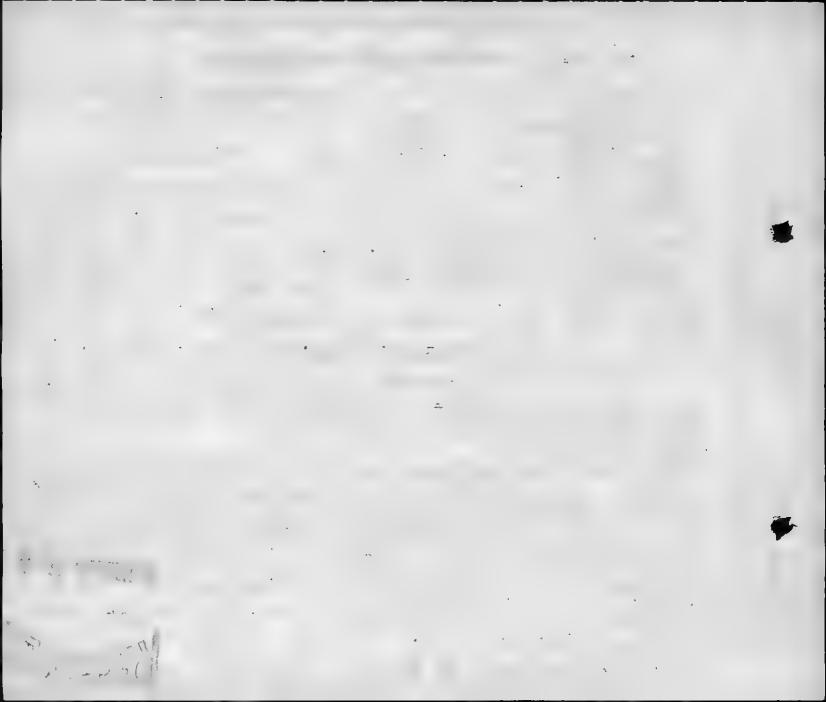
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00039

# 75 CERTIFICATE OF DEATH

g. Dist. No. ...

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Allegany MARYLAND	state Maryland county Allegany
CITY (If outside corporete limits, write RURAL   LENGTH OF STAY	CITY (It outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place) TOWN Frostburg 2 days	TOST Frostburg
HOSPITAL OR	STREET (If rure) give location)
INSTITUTION OR STREET ADDRESS Minor La Liconita 7	ADDRESS 7.70 October 7. C.4
street Address Miner's Hospital	[(asi)   172 Ormond Street   (Monih) (Day) (Year)
DECEASED	OF
	riffith DEATH Jon. 3, 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 MRS.  Months   Days   Hours   Min.
Female White Specify Single Feb.	19th 1899 56 yr.
1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY OWN	11. BIRTHPLACE (Stella or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired Housework Housework -home	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Griffith	Cathanina Wantin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? I 16. SOCIAL SECURITY NO.	Catherine Hartig
(Yes, no. or unk.) (If Yes, give wer or dates of service)	
	STIMES Olive Duncan Bowery St. F'bg M
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
MMEDIATE CAUSE (A) Pulmonary Meta	stages 2 Wks.
DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) Adenose Carcin	oma of uterus, anaplastic 6 Months
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
STATING CAUSE CASE. (C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
190 DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	2D. AUTOPSY?
11/3/75 Carcinome uterus	YES NO NO NEED INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJURY OCCURRED	211. HOW DID INJURY OCCUR?
While Not white	THE LIGHT DIS HARMLE SAGALE
	0 22 7/0/
	18, 1955, to
alive on 1/3/ 19.56 and that death occurred at	1
SIGRATURE	ADDRESS (Street, city, town, state) DATE SIGNED
M.D.	48 Broadway, Frostburg Md. 1/4/56 CREMATORY LOCATION (City, town), of county) (State)
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	
Burial fan.6th, 56 F'bg.Memor	ial Park Frostburg, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 1-6-56 Mb. Mallell Al. KAZ	Joseph R. Durst, Frostburg, Md.

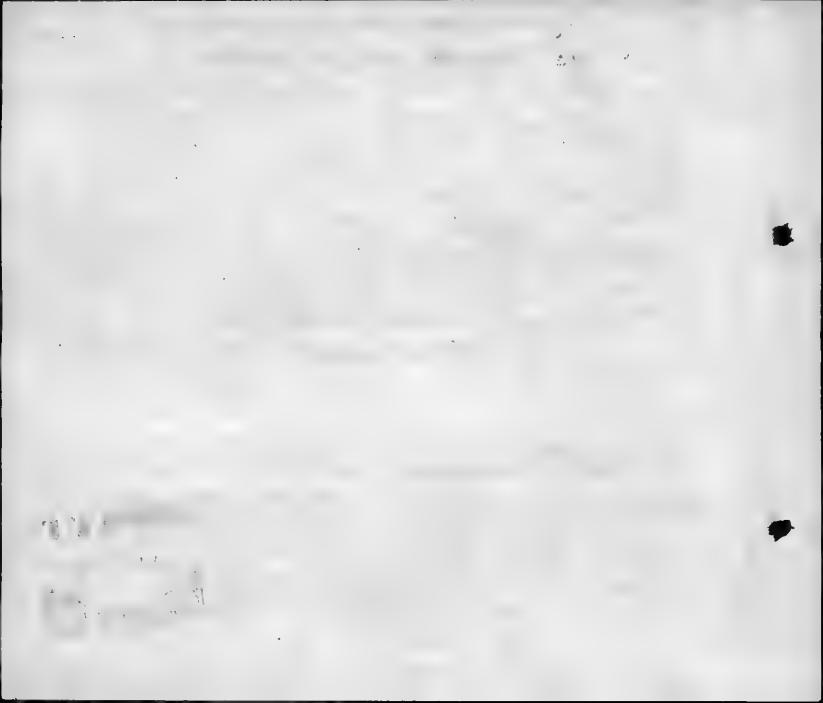


27

### CERTIFICATE OF DEATH

00040 Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
county Allerany	MARYLAND	STATE Maryl	and county	Allega	ny
CITY (If outside corporate limits, write RURAL OR and give negrest town)	LENGTH OF STAY		orale limits, write RUKAL e	nd give neerest tow	n)
OR end give neerest town) TOWN Cur berland	Lifetime	TOWN Cumbe	rland, Md.		
HOSPITAL OR INSTITUTION OR		STREET ADDRESS TE		re locellon)	
STREET ADDRESS IS Mary St.		15	Mary St.		
3. NAME OF (First) (A	Middle)	(Lest)	4. DATE (Mor	nth) (Dey)	(Year)
(Type or Print) John	L. He	eller	DEATH I	<u> </u>	- 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIVI	D, 8. DATE O	F BIRTH	9. AGE lest birthday	IF UNDER 1 YEAR	
(Specify) Ma	rried Sept.	. 24, I872	83 yrs.	Months Days	Hours Min.
10a, USUAL OCCUPATION (Give kind of work   10b KIN		11. BIRTHPLACE (State or fore	ign country)		ZEN OF WHAT
reduced Fetired Blackswith	Railroad	Cumberland,	Nd.	ਰ ਹੈ	JNTRY? A
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Andrew Heller		Elizebet	h Heir		
	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS		
(H Yes, give wer or dates of service)	705-05-4	741 Florence	e Heller	I5 Mary	St.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER			l in	TERVAL BETWEEN
	terio set	rotecura	ocurry		NSET AND DEATH
DUE TO	1			,	7
DISEASES OR CONDITIONS, IF ANY, (8)	iseas				C 7
STATING UNDERLYING CAUSE LAST. DUE TO	ialete	3 MIRRET	teres.	i	1-6 St.
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					
190. DATE OF OPERATION 196. MAJOR FINDINGS (	OF OPERATION				20. AUTOPSY?
218 ACCIDENT WAS UNDERLYING   216, PLACE (Home	, farm, factory, 2	Ic. WHERE DID INJURY OCCU	R (City or fown)	(County)	(Sleia)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of	ffice bldg., etc.)		(4.7)	,,	(5.5.0)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, White	INJURY OCCURRED	21f. HOW DID INJURY OCCU	R?		
M. at wa	ork et work				
22. I hereby certify that I attended the decea	sed from 7-12-	, 19.76, to	1-6-19-6	a, that I last s	aw the deceased
alive on R., 19.30, and	that death occurred at.	17-12 M, from the	auses and on the	date stated abo	ve.
SIGNATURE	/	, ADD	RESS (Street, city, tow	n, state)	DATE SIGNED
1 1 1 16 1666	Leve M.D.	winds yt		(	-6/-50
23 BURIAL, CREMATION, PATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR		LOCATION (City, town		(State)
Burial I-9-66	Zion Jemo		Cumberl	7.01	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	2	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRE	is
DATE 1-4-56 Wester R.	Front mil	ANS E. ST	Mercy	taborla	ndd.



III OR HOSPITAL: The law requires that the death certific

The bottom copy may be retained by the hospital or attending physician.

INSTRUCTIONS

# CERTIFICATE OF DEATH

	i.	28	C	ERTIFIC	AIE	OL D	EA		Reg. Dist.	No
1	PLACE OF	DEATH				2. USUAL R	ESIDENC	E (HOME) OF	DECEASED	
	COUNTY	Allegany		MARYI	AND	STATE Ma	rvland	d count	Y Alleg	anv
-	CITY III outs	de corporata limits, w e neerest town)	vrita RURAL	LENGTH C	F STAY			e limits, write RURA		
	TOWN	mberland			lays	TOWALL	umber]	land, rura	al	
-Vine	HOSPITAL OR	R				STREET ADDRESS		(if rure)	giva location)	
	STREET ADDRES	s S. cred	Heart Ho			Rt	. # 1	Allegan	<u> </u>	
3.	. NAME OF DECEASED	(First)		(Middla)		(Lasi)		OF	lonth)	(Day) (1
	(Type or Print)	Kare		Sue	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Hite		DEATH	Jan.	4 19
5.	. SEX	6. COLOR OR RACE	WiDOW	MARRIED, /ED, DIVORCED,	8. DATE OF	BIRTH	9.	AGE last birthday	Months	1 YEAR   IF UND
	F.	W.	(Specify	prinkre	Aug	.27, 1955		yn	The state of the s	CINIZEN LOS IVI
1 11	done during m	ATION (G va kind of ost of working life,		Ob. KIND OF BUSINE: OR INDUSTRY	,,	I. BIRTHPLACE (Ste				COUNTRY?
13	retired) In					Ma I 14. MOTHER'S	ryland	Cumber.	Larra	U.S
13.						14. MOTHER 3				
15	Harold WAS DECEASE	HITE D EVER IN U. S. AR	MED FORCES?	I 16. SOCIAL SEC	URITY NO.	I 17. INFORM	Jear Jant & Add	n Day Hit	е	
	es, no, or unk.)	(If Yes, give wer of						's Chart		
-				15, ME	DICAL CERT		creuc	S CHAIL		INTERVAL BE
1	DISEASES OR CO	ONDITIONS DIRECTL	Y LEADING TO	DEATH						ONSET AND
	" IMM	EDIATE CAUSE	(A)	usemi	•					13000
D		CEDENT CAUSE(S)	DUE TO	Lastyse	ntentia					2 w
G	IVING RISE TO T	HE ABOVE CAUSE	DUE TO							. 1
		ANT CONDITIONS C	(C)							4-1-1-2
1 "	TO THE DEATH B	UT NOT RELATED TO	O THE /	Zilasis.	and of	eludrat	ion			1/2 w
19	m. DATE OF OPER	RATION CAUSING D		DINGS OF OPERATIO		<del>/                                    </del>				20. AUTO
CI										YES   h
01 01	R CONTRIBUTING [	AS UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	TOF INJURY	F (Home, farm, fector straet, office bldg., at	ry, 21 :.)	. WHERE DID INJUR	RY OCCUR?	(City or fown)	(Count	(Sti
21		(Month) (Day)			URRED 2	I. HOW DID INJUR	Y OCCUR?			
			M.	at work at	work 🔲					
	2. I hereby	certify that I	attended the	deceased from.	rec, 30	, 1953, 10	fan	4. 1951	, that 1	last saw the d
2:	,	. 179	19.5-6	., and that death	occurred at 1	3.45 A.M. fro				
2:	alive on	J				4	ADDRE	SS (Streat, city, to	own, state)	
2:	. //	RE Q	-to-			117	Y = 11 //.			
Wot 95-1	alive on	a Re	ate thereof	/I NAME OF	M.D.	11 2 47	Ladja	LOCATION ICITY	wn, or county)	rang weg
	. //	ATION, D.	ATE THEREOF		CEMETERY OR C	REMATORY		Bedford SNATURE		



# CERTIFICATE OF DEATH

-7	PLACE OF DEA	TH				· Henal =	ESTRENCE	(HOME) OF		st. No.	and the last	comes:
**								arld country		leggr ;	r	
	CITY (If outside con	porete limits, write RU	JRAL I	LENGTH OF ST	AY	STATE CITY (II ou		limits, write RURAL				
	OR end give near	est town) Land		(in this place)	. 5	OR TOWN (	umberla	ınd			0	1
_	HOSPITAL OR					STREET ADDRESS			ive locelio	n)		
	STREET ADDRESS		eart Hosp			30		rd Stree				
Э.	NAME OF DECEASED	(First)	(AA	hddie)	(Li	rat)		OF	onth)	(Dey)	(Ye	nt) L
éc.		OLOR OR 17.	SINGLE, MARRIED		DATE OF BI	A TLE		DEATH AGE lost birthdey	AC CONTR	ER 1 YEAR	IF UNDER	
Э,		ACE /.	WIDOWED, DIVO				7.	E 0	Months		Hours	Mi
10	e. USUAL OCCUPATION	Mite	ner. 1 1	OF BUSINESS	8-21-5	BIRTHPLACE (SI	ele or foreign co	Yrs Yrs		12. CITIZE	N OF WH	IAT
	done during most of			NDUSTRY		Piedmon				COUN	TRY?	
13.	FATHER'S NAME	ascarps.	01,122 3.			14. MOTHER'S	MAIDEN NAM					
	т	. Holins W	03101-				Tur:	ALL Po	well			
	WAS DECEASED EVE	R IN U S. ARMED F	ORCES? 16.	SOCIAL SECURITY	Y NO.	17, INFOR	MANT & ADDR	ess Cess	Charm	berlan		
(84	es, no, pr unk.) (#1 Ye	es, give wer or detes o	of service)	HOITO		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DHILE WA	vest	UHIT	Derizz	ICI	dulina
					C. Chimary S. Street and		- Uma u					
1	DISEASES OR CONDIT	IONS DIRECTLY LEAD	DING TO DEATH	18, MEDIC	AL CERTIF	TICATION				INTE	RVAL BET	
I	DISEASES OR CONDITI		( "0.	18. MEDIC	AL CERTIF	orles	24			INTE	RVAL BET	
I	IMMEDIAT	E CAUSE (/	DING TO DEATH A)	18. MEDIC	AL CERTIF	oplex	y			INTE	RVAL BET	
DI:	IMMEDIAT  ANTECEDEN' SEASES OR CONDITIO	E CAUSE (/ T CAUSE(S) DUE	A) <u>Ca</u> E 10 B)	18. MEDIC	AL CERTIF	oplex	y			INTE	RVAL BET	
Di:	IMMEDIAT ANTECEDEN	E CAUSE (/ T CAUSE(S) DUE INS, IF ANY, (I BOVE CAUSE CAUSE LAST.	A) <u>Co</u>	18. MEDIC	AL CERTIF	oglex	y			INTE	RVAL BET	
DI: GI ST	IMMEDIAT  ANTECEDEM  SEASES OR CONDITIO  IVING RISE TO THE A  ATING UNDERLYING  OTHER SIGNIFICANT CO	E CAUSE (/ T CAUSE(S) DUE INS, IF ANY, (I BOVE CAUSE CAUSE LAST. DUE (C ONDITIONS CONTRIB	A) E TO TO	18. MEDIC	AL CERTIF	oplex	<i>y</i>			INTE	RVAL BET	
Di: GI ST	IMMEDIAT  ANTECEDEN  SEASES OR CONDITIO  IVING RISE TO THE A  IATING UNDERLYING  OTHER SIGNIFICANT C.  TO THE DEATH BUT NO  D SEASE OR CONDITIO	E CAUSE (AT CAUSE(S) DUE NS, IF ANY, (II BOYE CAUSE CAUSE LAST. (C ONDITIONS CONTRIB OT RELATED TO THE	A) CO E TO B) TO C) BUTING	rePref	AL CERTIF	oplex	<i>y</i>			INTEL ONS	ET AND	S A A A A A A A A A A A A A A A A A A A
Di: GI ST	IMMEDIAT  ANTECEDEN' SEASES OR CONDITIO IVING RISE TO THE A FATING UNDERLYING  OTHER SIGNIFICANT CO TO THE DEATH BUT NO	E CAUSE (AT CAUSE(S) DUE NS, IF ANY, (II BOYE CAUSE CAUSE LAST. (C ONDITIONS CONTRIB OT RELATED TO THE	A) E TO TO	rePref	AL CERTIF	oplex	7			1NTE 0NS 2.9	EVAL BET	SY?
Ol: ST	IMMEDIAT  ANTECEDENT SEASES OR CONDITIO VING RISE TO THE A ATING UNDERLYING  OTHER SIGNIFICANT C TO THE DEATH BUT NO D SEASE OR CONDITIO  D DATE OF OPERATION	E CAUSE (AT CAUSE(S) DUE NS, IF ANY, IF SOUR CAUSE CAUSE LAST, OUT RELATED TO THE NO CAUSING DEATH.	A)  E TO  B)  TO  C)  BUTING  AJOR FINDINGS OF	F OPERATION  farm, factory,	o ap	WHERE DID INJU	7			INTEL ONS	EVAL BET	SY?
DI GI ST III	IMMEDIAT  ANTECEDEN  SEASES OR CONDITIO  IVING RISE TO THE A  IATING UNDERLYING  OTHER SIGNIFICANT C.  TO THE DEATH BUT NO  D SEASE OR CONDITIO	E CAUSE  IT CAUSE(S)  D UE  INS, IF ANY, IS  BOVE CAUSE CAUSE LAST.  CONDITIONS CONTRIE  ONDITIONS CONTRIE  ON CAUSING DEATH.  N  IPPD. M  INDERLYING   22  USE OF DEATH   22  USE OF DEATH   22	A)  E TO  B)  TO  C)  BUTING	F OPERATION  farm, factory,	o ap	oglex	7			20 YES	AUTOP	SY?
Ol: GI ST III 19a 21a OR (IF	IMMEDIAT  ANTECEDENT SEASES OR CONDITIO IVING RISE TO THE A IATING UNDERLYING  OTHER SIGNIFICANT CO TO THE DEATH BUT NO D SEASE OR CONDITIO D DATE OF OPERATION A CONTRIBUTING TI CAL	E CAUSE  IT CAUSE(S)  IT CAUSE(S)  INS, IF ANY,  IS ANY,  IS ANY,  IS ANY,  IT CAUSE  CAUSE  CAUSE  LAST.  CONDITIONS  CONTRIB  ON CAUSING DEATH.  IN 199b. M.  INDERCYING   21  USE OF DEATH   OAL EXAMINER)	A)  E TO  B)  TO  C)  BUTING  Ib. PLACE (Home, off INJURY street, off While	F OPERATION  farm, foctory, ice bidg., etc.)  NURY OCCURRET  Not whi	2 ap	oglex	IRY OCCUR? (			20 YES	AUTOP	SY?
015 GI GI ST 111 194 214 0R (IF	IMMEDIAT  ANTECEDEN' SEASES OR CONDITIO IVING RISE TO THE A IATING UNDERLYING  OTHER SIGNIFICANT CO TO THE DEATH BUT NO D SEASE OR CONDITIO B. DATE OF OPERATIO  ACCIDENT WAS UN CONTRIBUTING CAL EITHER, NOTIFY MEDICA  TIME OF INJURY  (A)	E CAUSE  IT CAUSE(S)  IT CAUSE(S)  INS, IF ANY,  INS, IF A	A)  E TO  B)  TO  C)  AJOR FINDINGS OF  AJOR FIN	F OPERATION  farm, fectory, fice bldg., etc.)  NJURY OCCURRET Not whise all work	21c,	WHERE DID INJU	IRY OCCUR?	C(iy or tawn)	(Cc	20 YES	AUTOP	SY?
015 GI GI ST 111 194 214 0R (IF	IMMEDIAT  ANTECEDEN' SEASES OR CONDITIO IVING RISE TO THE A IATING UNDERLYING  OTHER SIGNIFICANT CO TO THE DEATH BUT NO D SEASE OR CONDITIO B. DATE OF OPERATIO  ACCIDENT WAS UN CONTRIBUTING CAL EITHER, NOTIFY MEDICA  TIME OF INJURY (2)	E CAUSE  T CAUSE(S)  D UE  T CAUSE(S)  NS, IF ANY,  SOVE CAUSE  CAUSE  CAUSE  CAUSE  ONDITIONS CONTRIE  OT RELATED TO THE  NICAUSING DEATH.  OUSE OF DEATH.  AL EXAMINER!  Month)  Month)  Doy)  (Yee	A)  E TO  B)  TO  C)  AJOR FINDINGS OF  AJOR FIN	F OPERATION  farm, fectory, ice bldg., etc.)  NJURY OCCURRET Not whise all work ed from	21c,	WHERE DID INJU	IRY OCCUR?	Cliy or fawn)	(Cc	20 YES	AUTOP	SY?
Oli Gi Gi ST III 19a 21a OR (IF	IMMEDIAT  ANTECEDENT  SEASES OR CONDITIO  OTHER SIGNIFICANT CO  TO THE DEATH BUT NO  D SEASE OR CONDITIO  D ATE OF OPERATION  ACCIDENT WAS UN  CONTRIBUTING   ACCIDENT WAS UN  CONTRIBUTING   ACTION OF INJURY  ATTION OF INJURY  ALL INDRESS OR CONDITION  ACCIDENT WAS UN  CONTRIBUTING CALL  EITHER, NOTIFY MEDICAL  ATTIME OF INJURY  ALL INDRESS OR CONDITION  ALL INDRESS OR CONDITION	E CAUSE  IT CAUSE(S)  IT CAUSE(S)  INS, IF ANY,  INS, IF A	A)  E TO  B)  TO  C)  AJOR FINDINGS OF  AJOR FIN	F OPERATION  farm, fectory, ice bldg., etc.)  NJURY OCCURRET Not whise all work ed from	21c,	WHERE DID INJU	TRY OCCUR?	Cliy or town)  2.p, 19.53	(Co	20 YES Dunty)	AUTOP No (Stell	SY?
01: GI ST 11: 19:	IMMEDIAT  ANTECEDEN' SEASES OR CONDITIO IVING RISE TO THE A IATING UNDERLYING  OTHER SIGNIFICANT CO TO THE DEATH BUT NO D SEASE OR CONDITIO B. DATE OF OPERATIO  ACCIDENT WAS UN CONTRIBUTING CAL EITHER, NOTIFY MEDICA  TIME OF INJURY (2)	E CAUSE (A) T CAUSE(S) DUE INS, IF ANY, (I BOVE CAUSE DUE CAUSE LAST. (I ONDITIONS CONTREE OT RELATED TO THE IN CAUSING DEATH. IN 19b. M. INDERCYING [] 21 USE OF DEATH O AL EXAMINER] Month) (Dey) (Yee  Elify that I attend	A)  E TO  B)  TO  C)  BUTING  AJOR FINDINGS OF	F OPERATION  farm, fectory, ice bidg., etc.)  NJURY OCCURRET Not whit k ed from. D.A. hat death occ	21c.	WHERE DID INJU	TRY OCCUR?	Cliy or fawn)	(Co	20 YES Dunty)	AUTOP	SY?
DI GI ST III 19a CR (IF 21c	IMMEDIAT  ANTECEDEN' SEASES OR CONDITIO IVING RISE TO THE A IATING UNDERLYING  OTHER SIGNIFICANT CO TO THE DEATH BUT NO D SEASE OR CONDITIO B. DATE OF OPERATIO  A ACCIDENT WAS UN R CONTRIBUTING CAP EITHER, NOTIFY MEDICA  TIME OF INJURY  B. BURIAL CREMATION  BURIAL CREMATION	T CAUSE (A)  T CAUSE(S)  T CAUSE(S)  D UE  NS, IF ANY, (II  BOVE CAUSE CAUSE CAUSE LAST.  CONDITIONS CONTREE  ON CAUSING DEATH.  N 19b. M  NDERLYING 1 21  USE OF DEATH  AL EXAMINER  Month) (Dey) (Yee  LIFY that I attend	A)  E TO  B)  TO  C)  BUTING  TO  TO  TO  TO  TO  TO  TO  TO  TO  T	F OPERATION  farm, fectory, ice bidg., etc.)  NJURY OCCURRET Not whit k ed from. D.A. hat death occ	21c,	WHERE DID INJU	TRY OCCUR? (In the cause Address	Cliy or town)  2.p, 19.53	(Co	20 YES Dunty)	AUTOP	SY?
DI GI ST 111 192 214 214 214 214 214 214 214 214 214 21	IMMEDIAT  ANTECEDENT  SEASES OR CONDITIO  OTHER SIGNIFICANT CO  TO THE DEATH BUT NO  D SEASE OR CONDITIO  D. DATE OF OPERATION  ACCIDENT WAS UN  CONTRIBUTING CAN  EITHER, NOTIFY MEDICA  AT TIME OF INJURY  CO. I hereby cert  alive on.	E CAUSE  IT CAUSE(S)  IT CAUSE(	A)  E TO  B)  TO  C)  BUTING  TO  TO  TO  TO  TO  TO  TO  TO  TO  T	F OPERATION  farm, fectory, ice bidg., etc.)  NJURY OCCURRED  Not white el work ed from. J. A.  hat death occurrence in the control of the co	21c, De 21f.  A.D.  ETERY OR CRE	WHERE DID INJU HOW DID INJU 19.55, 1	TRY OCCUR? (In the cause Address	Cliy or fawn)  2, 19. 5.1 es and on the	(Co	20 YES Dunty)	AUTOP	SSY?
Di Gi ST 111 194 214 214 214 214 214	IMMEDIAT  ANTECEDENT  SEASES OR CONDITIO  IVING RISE TO THE A  ATING UNDERLYING  OTHER SIGNIFICANT CO  TO THE DEATH BUT NO  D SEASE OR CONDITIO  D ACCIDENT WAS UN  CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION  ACCIDENT WAS UN  CONTRIBUTING CONTRIBUTION  EITHER, NOTIFY MEDICA  BURIAL CREMA JUON  REMONAL (SPECIFY)	E CAUSE  IT CAUSE(S)  IT CAUSE(	A)  E TO  B)  TO  C)  BUTING  AJOR FINDINGS OF	F OPERATION  farm, fectory, ice bidg., etc.)  NJURY OCCURRED  Not white el work ed from. J. A.  hat death occurrence in the control of the co	21c.  21c.	WHERE DID INJU HOW DID INJU 19.55, 1	TRY OCCUR? (In the cause Address	City or fawn)  2	(Co	20 YES last sav	AUTOPO (Stell	SSY?

AN OR HOSPITAL: The law requires that the death certifi

be executed within 24 hours after death.

TA ONT THE

£23, 500

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Within corporate limits

## CERTIFICATE OF DEATH

00043

Reg. Dist. No... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED MARYLAND COUNTY ALLEGANY ALLEGANY COUNTY STATE MARYLAND (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY (If outside comporete limits, write RURAL and give neerest town) (in this place) TOWN 19 DAYS TOWN CUMBERLAND CUMBERLAND HOSPITAL OR STREET (li rurel give location) INSTITUTION OR ADDRESS MEMORIAL HOSPITAL STREET ADDRESS FREDERICK STREET (Middle) (Month) (Dey) 3. NAME OF (Lest) DATE Year) DECEASED **JENNINGS** HOUSE 19 56 (Type or Print) DEATH JAN. SINGLE, MARRIED 5. SEX COLOR OR DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIYORCED RACE Months Hours Days (Specify) SINGLE 12,1913 FEBRUARY MALE WHITE Y15. 10e, USUAL OCCUPATION (Give kind of work KIND OF BUSINESS CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) OR INDUSTRY done during most of working life, even it **COUNTRY?** Sal MARYLAND S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE L. HOUSE EMILY J HOUSE 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. .-WARWICK INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE(S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO [0] II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

196. MAJOR FINDINGS OF OPERATION

21c. WHERE DID INJURY OCCUR? (City or town)

YES -NO. (County) (Stete)

.... that I last saw the deceased

20. AUTOPSY?

21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH ITE EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day)

190. DATE OF OPERATION

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

> 21b. PLACE (Home, farm, fectory, OF iNJURY street, office bldg., etc.) 21e. INJURY OCCURRED (Yeer) While Not while

211. HOW DID INJURY OCCUR?

							7750	- MINOIK E	
22.	1	hereby	certify	that	1	attended	the	deceased	from
		11	din "	7		10 45	erc.	مناه استنا	alleadle a second

1955 10 162 1956

alive on -Con 7	19.5	and that	death o	occurred	at 4:23 PM,	from	the causes	and on th	e date stated	above
BIGNATURE		1	1		132/	300		/Street, city,	town, state)	/ D

23. BURIAL,	CREMATION,	DATE THEREC	F. /	NAME OF	CEMETERY OR	CREMA	TORY
REMOVA	L (SPECIFY)	1/10	1 day	1001-	1.00	1	The same of
22	5 - ()	1110	1.1962	11/20a :	fellow	-0/ E	ZNIE
120	ral			000	1	- 0	pro-
DA DESCRIPTION	e needern an	DEMEND I DIE	CLOSIATION			1 00	F1 15 II

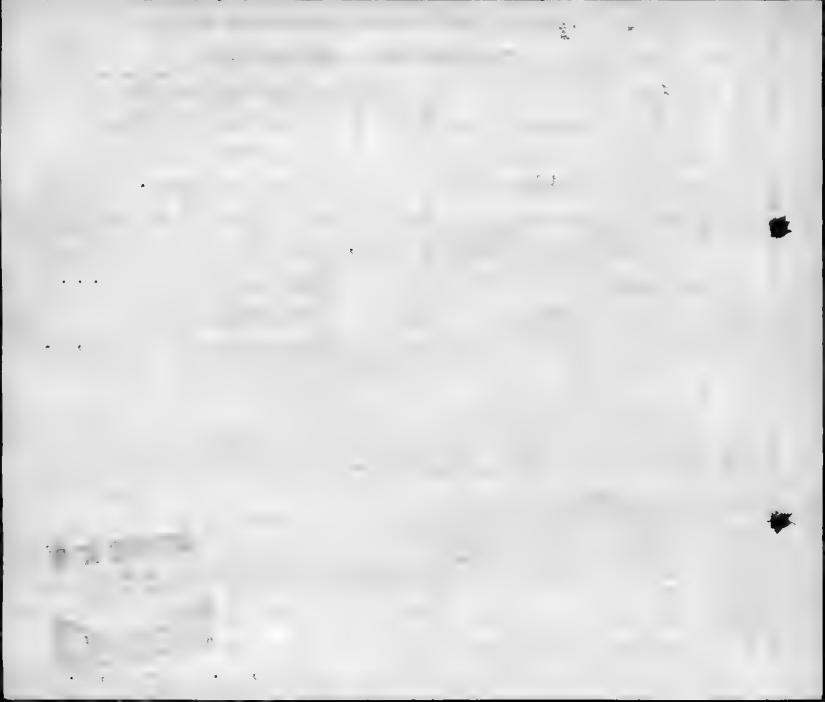
LOCATION (City, town, or county)

(State)

ATE SIGNED

25. FUNERAL DIRECTOR'S SIGNATUL ADDRESS





IMPTRUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

76 CERTIFICATE OF DEATH

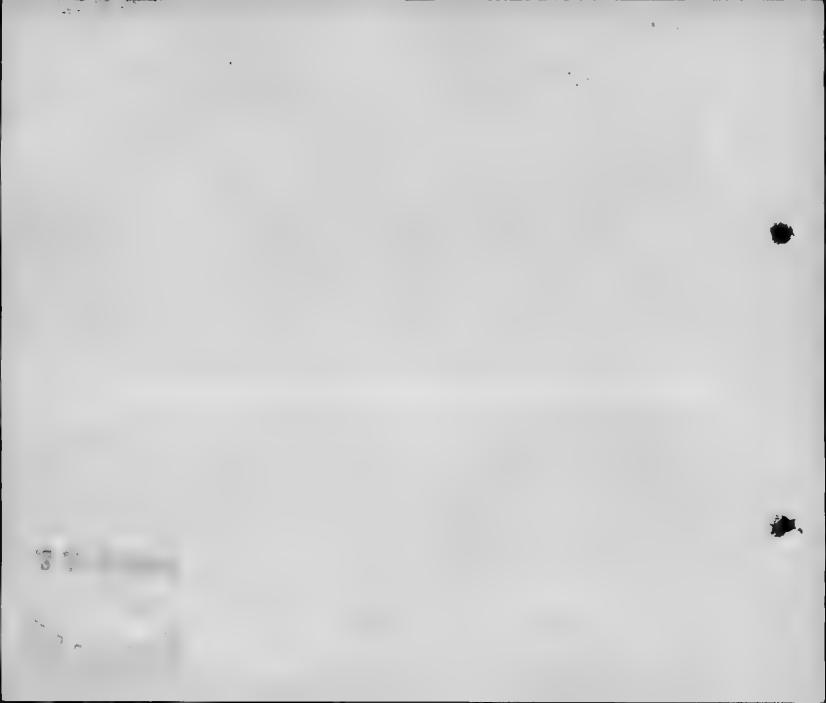
			Keg	Dist. No
I. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF DEC	EASED
COUNTY Allegany	MARYLAND	STATE Mary	vland county	Allegany
COUNTY Allegany CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)		rporate limits, write RURAL and	give nearest town)
Westernport	(in this place)	T/OW/M	ternport.	3
HOSPITAL OR		STREET	(If rure) give le	ocelion)
STREET ADDRESS 121 Johns	on Street.	ADDRESS	1 Talama . C+m	
3. NAME OF (First)	(Middle)	(i.est) 12"	JohnsonStr	
DECEASED (Type of Print) Marry			OF	
TIELT Y	Ann Ja  LE, MARRIED, 8. DATE	messon.		Dary 19. 1956.
RACE WIDO	OWED, DIVORCED.	_	- N	F UNDER" YEAR IF UNDER 24 HR
Female White Spec	Widowed. Dec		84 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oraign country)	12. CITIZEN OF WHAT COUNTRY?
retired Housewife.		Lonaconir	ng. Maryland	
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
James Tonry		Reheco	ca Broadwate	יין
IS. WAS DECEASED EVER IN U. S. ARMED FORCES		IZ, INFORMANT	& ADDRESS	
	co)	Man a M	ellie Cassel	Westernpor
	18. MEDICAL CE	ERTIFICATION	errie cazze	INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO	O DEATH	1 ·		ONSET AND DEATH
IMMEDIATE CAUSE (A)	repart			1 mo
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO	mestand	- Den		2100
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	1 mg acoro			2 core
	(10 . 1/4)	ides m	elletus/	5 hrs
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	O Nexa	7-0 00 12	aurus,	
TO THE DEATH BUT NOT RELATED TO THE				
	FINDINGS OF OPERATION			20. AUTOPSY?
				YES NO
218. ACCIDENT WAS UNDERLYING 216. PLA OR CONTRIBUTING 2 CAUSE OF DEATH OF INJUING (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE (Homa, ferm, factory, RY street, office bldg., etc.)	21c. WHERE DID INJURY OC	CUR? (City or town)	(County) (State)
216. ACCIDENT WAS UNDERLYING [] 216. PLOR CONTRIBUTING [] CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Year) (House)  22. I hereby certify that I attended to alive on the signature of the sig	our) 21a. INJURY OCCURRED While Not while M. at work et work	21f. HOW DID INJURY OC	CUR ?	-
22. I hereby certify that I attended to	he deceased from Dic	1955, 10	10/19 1056	that I last saw the deceased
alive on Jon 19 19 0 6	, and that death occurred	1216 Pm/	and the day	ing i jast saw the deceased
SIGNATURE	, and mar deam occurred	AD	DRESS (Street, city, town, a	o stated above, Note bate signet
SIGNATURE (S)	erry M.O.	P. D-	- D- /	1-17
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, lown, o	or county) (State)
REMOVAL (SPECIFY)	Philos	Cemetery,	Westernpor	rt, Md.
Burlal Jan. 2	3.1956	25. FUNERAL DIRECTOR	'S SIGNATURE 99	A ADDRESS
>	1 11	11/1/1/1	IV FRIARIO	ABDRESS
DATE 1-23-56 Mus &	ear CKelly	- VOUNC	PTEDMC	פע עון יויעו



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The law require that the death certif

ATTENDING PHYS, AN OR HOSTIYAL: The law requirements The bottom nowy be retained by the hastital or allending physician.

A15C 1-55 10M

# CERTIFICATE OF DEATH

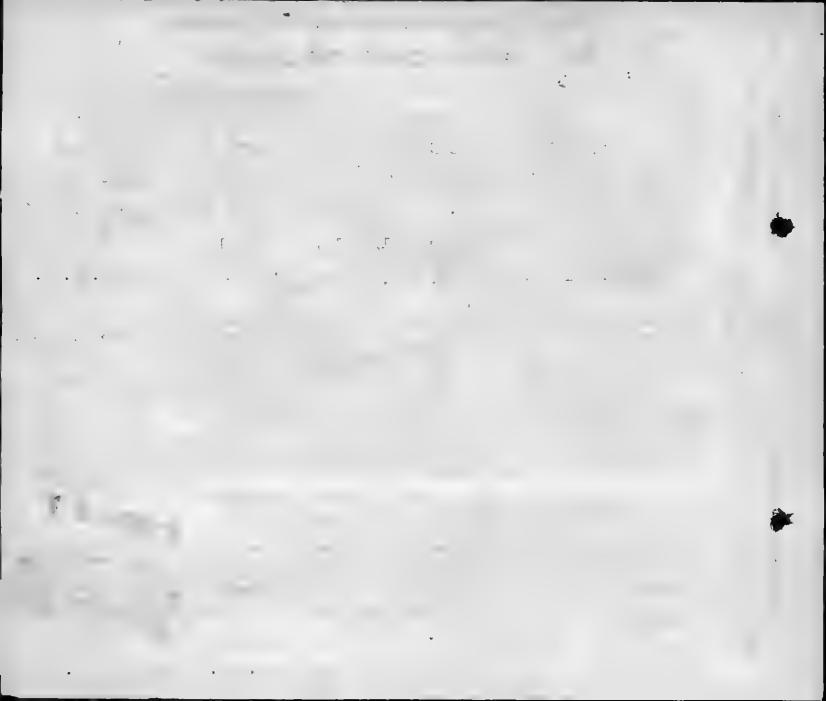
			.1
Reg.	Dist.	No	

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED					
COUNTY ALLEGANY	MARYLAND	STATE PA.	COUNTY	POMPHSet			
CITY ' (# outside corporale limits, write RURAL OR end give nearest (own)	LENGTH OF STAY	CITY (If outside corpo	rate limits, write RURAL and give	neerest town)			
CUMBERLAND	(In this place) 55 DAYS	OR TOWN WELLE	RSBURG.	7. 4.			
ACCULATION AND AND AND AND AND AND AND AND AND AN	)) 01110	STREET	(If rure) give loce	tion)			
MEMORIAL HOSPITAL MEMORIAL AVE.		ADDRESS					
3. NAME OF (First) (N	iddle)	(Last)	4. DATE (Month)	(Day) (Yeer)			
(Type or Post) MR CLARENCE	KENNELL		DEATH JAN.	12 1956			
		BIRTH		NOER 1 YEAR   IF UNDER 24 HRS			
5. SEX 6. COLOR OR 7. SINGLE, MARRIED WIDOWED, DIVO	ED Aug. 1	2, 1882	73 yrs. Mont	ths Days Hours Min			
	OF BUSINESS NDUSTRY	11. BIRTHPLACE (State or fore)	on country)	12. CITIZEN OF WHAT			
Rebired Farmer Own F.		PENN.		U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN I					
SAMUEL KENNELL		STATISTICAL A	LBRIGHT, Carol	ine			
	SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS				
(Yes, no, or unk.) (H Yes, give wer or detes of service)	NONE	· MEMORIAL F	OSPITAL, CUMBE	RLAND, MD.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN			
	·		a Comil	ONSET AND DEATH			
IMMEDIATE CAUSE (A)	nonex Lac	ou euth	reconstruction	1 To Rays			
DISEASES OR CONDITIONS, IF ANY, (B)	lorminal (	Carcinoma	Servia Creged				
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	* .						
190. DATE OF OPERATION YOU 25, 1955 Carmonea C		toreis netrolis	alonice trucks	20. AUTOPSY? YES NO			
216. ACCIDENT WAS UNDERLYING   216 PLACE (Home, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, off IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, fectory, 21	Ic. WHERE DID INJURY OCCUP	? (City or town) (	County) (Slete)			
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)   21e. H		III. HOW DID INJURY OCCUP	.7				
While M. et wor	Not while						
22. I hereby certify that I attended the decease	ed from PLOT 18	19.5 5 10 10	~ 12, 1956, th	at I last saw the deceased			
alive on 5AN (2, 19 56, and 1	hat death occurred at.	9; 17PM, from the c	auses and on the date s	stated above.			
SIGNATURE			ESS (Street, city, town, state	DATE SIGNED			
all IVV facult	M.D.	"tun her-	ared wel	Jan 13 56			
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or co				
Burial Jan. 15,1956	Cook Cemet	ery /	Vellerabur	g.Pa.			
24.) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	0 -1-	25 FUNERAL DIRECTOR'S		ADDRESS			
Can 14. 1956 // Yutes V.	Frank Mar	Verga	y Learn	na o . Pa.			

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... 71 NA.

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filled ATTENDING PHYSICAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

1. PLACE OF	DEATH		<del></del>	2. USUAL R	ESIDENCE (HOME) OF E	ECEASED	<u> </u>
COUNTY /	llegany		MARYLAND	STATE	COUNTY side corporete limits, write RURAL	Aller	2137
CITY (If outset OR and give TOWN	e corporete limits, write RUI neerest town) Cumberland	AL	(in this place) 40 years	UK.	side corporete limits, write RURAL Cumberland	end giva naktat t	<b>ው</b> ልብ)~ ብ
HOSPITAL OR	0	<u></u>	TO year.	STREET ADDRESS		ive location)	
STREET ADDRES	s 203 Faye	tte St.				3t.	
3. NAME OF DECEASED (Type or Print)	(First) Lillian	· ·	onald	(less) King	OF	Jan.	٠, ٠
	S. COLOR OR   7.	SINGLE, MARRIED	. 8. DA	E OF BIRTH	9. AGE lest birthdey	IF UNDER 1 YE	17 /
Female	White	(Specify) 11d	OV Aug	30-1870	85 yrs.	Months De	ys Hours A
done during m	ATION (Give kind of work	10b. KIND	OF BUSINESS	11. BIRTHPLACE (Ste	ile or foreign country)	12. 0	ITIZEN OF WHAT
reliredTOUS	cwife	Own	Home	Cumberl		U.	S.A.
13. FATHER'S NAM				14. MOTHER'S			
	S Robb	20.0002	SOCIAL SECURITY NO.		hine Wolfe		2.0
(Yes, no, or unk.)	(If Yes, give wer or detes o	(consider)				D 11 0	
no I			One	USISUE.	r)Mary Helen	Robb.C	INTERVAL BETWEEN
	INDITIONS DIRECTLY LEAD		ardial fa			C	onset and deat
1/2 - FIMM	EDIATE CAUSE (A	,	ardrar re	rrang.		<u>U</u>	Tauttal
	EDENT CAUSE(S) DUE	Chmon	ic myocar	ditis		1	0 years
DISEASES OR CON GIVING RISE TO T STATING UNDERLY	HE ABOVE CAUSE NG CAUSE LAST, DUE						
	(C NT CONDITIONS CONTRIB						
TO THE DEATH BI	IT NOT RELATED TO THE		erioscle	rosis			?
19. DATE OF OPER		JOR FINDINGS OF	OPERATION				20. AUTOPSY?
Ito. ACCIDENT WA	S UNDERLYING FT 1 21	PLACE (Home,	ferm. fectory.	21c. WHERE DID INJUI	RY OCCUR? (City or town)	(County)	YES NO [
OR CONTRIBUTING [	CAUSE OF DEATH   OF	INJURY street, office	ce bidg., etc.)				
21d. TIME OF INJUR	Y (Month) (Dey) (Yeer	(Hour) 2ie. In While	JURY OCCURRED  Not white	21f, HOW DID INJUI	RY OCCUR?	-	
		M. et work		1.6	T }-		
22. I hereby	certify that I attend	ed the decease	d from JAN.	19.HQ, to	Jan. 4., 19.56	Q, that I last	saw the decea
alive ond.ii		O, and th	nat death occurred	at	m the causes and on the		DATE SION
H.V.Demi	2	V. DRM	ring M.D.	40 N. Cent	er St.Cumber	1	
23. BURIAL, CREMA	TION, DATE THE		NAME OF CEMETERY	OR CREMATORY	LOCATION (City, lov	wn, or county)	State

Charles L. George, Cumberland, Maryland.

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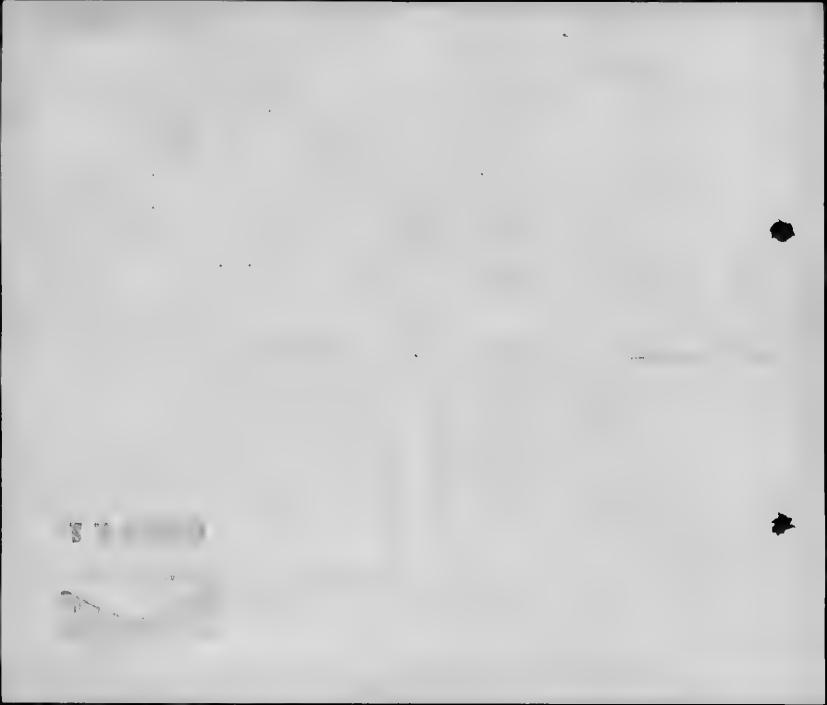
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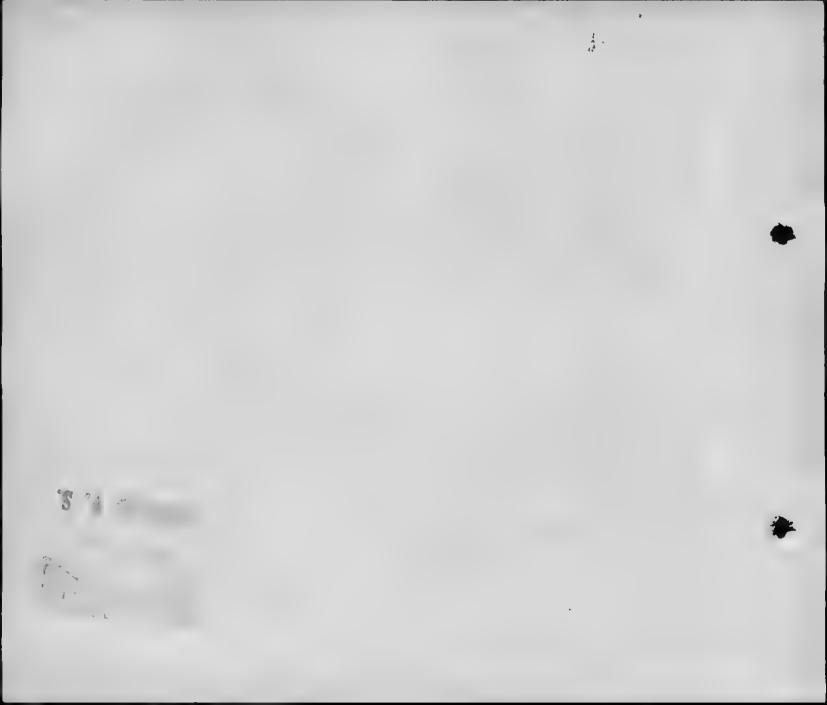
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CIKA IVC	COTE A PETER	DEDADTMENT	OB	UTALTU	DATRIMODE	10	Dom D

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	Ma
MINDACANA	TAXAMATIN ENTER 12	CERTIFICATE	Or.	DEALL	No.

	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	COUNTY Allegany MARYLAND	STATE Md. COUNTY Allegany	
	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN POSTOURS	CITY (If outside corporate limits write RURAL and give nearest OR TOWN TROSTOURG	town)
	HOSPITAL OR	STREET (If rural, give location)	
1	INSTITUTION OR Charles St.	ADDRESS 8 Charles St.	
	S. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)	
	DECEASED: (Type or Print) Paul Idward Ir	ott DEATH Jan. 15 19	56
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH:  9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 23-1921  314  VYS. Months Days Hours	24 HRS. Min.
	100 USUAL OCCUPATION (Give kind of 1 10b, KIND OF BUSINESS OF	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF	
1	Sauren if religed box shop a. ulp & P.	Co. Beryl, W. Va. U.S. 1	
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	William Edward Knott	Kargaret Mi <b>Ll</b> er	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES [16. SOCIAL SECURITY No.: (Yes, no. or unk.)] (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
	no service)   232-2 <b>6</b> -2578   (	wife) Treanor Inott, Frostburg, Md.	
		L CERTIFICATION INTERVAL D	terwebs.
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND	DEATH
	Immediate cause (a) Coronary occlus	ion sudde	en
	Antecedent cause(s) Coronary sclero	sis	
	Diseases or conditions, if any, (b)		****
	stating underlying cause last (c)		
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH		
_	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTO	PSY?
O		Yee 📋	No
	21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., INJURY		
	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY M. work (	211. HOW DID INJURY OCCUR?	
	22. I hereby certify that I took charge of the remains describ	ed above, held an Autopsy []. Inspection []. Inquiry [	* and
	find that death resulted from: Natural causes 7, Accid	ent [], Suicide [], Homicide [], Undetermined can	
	SIGNATURE	CHIEF MEDICAL EXAMINER DATE SI	
	H. V. Deming L.D. N. V. Danning M.D.	M. D. ASSISTANT MEDICAL EXAM.	-11150
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify):	loa Westernport, M	d.
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDR	ESS
	1.18.36 MU DOULY M. ROE	Joseph M. Durch A	An to



Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: carefully. The and legibly. COUNTY Allerany MARYLAND STATE COUNTY ATTOCART CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) OR and give nearest town)
TOWN CUMBER Land (in this place) I da TOWN Cumberland HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS Memorial. 430 Taverly merrace STREET ADDRESS a of information of death clearly 8. NAME OF 4. DATE (Day) (Year) DECEASED: Mellie Koerner (Type or Print) Beatrice DEATH Jan. 19 56 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 6. COLOR OR 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR I'M UNDER 24 HRS RACE: Monthal Days (Specify): single female July 5-1940 10a. USUAL OCCUPATION (Give kind of | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of work life, INDUSTRY: COUNTRY? even if retired): student 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Margaret Willer James I. Koerner 15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: FOR (Yes, no, or unk.) (If Yes, give war or dates of service) rinone Suppl emorial Tospital records 18. MEDICAL CERTIFICATION RESERVED INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH 9100 Shock.alco 2nd. 3rd.degree burns of l dav IN Immediate cause DUE TO Antecedent cause(s) (b) ..... Diseases or conditions, If any, MARGIN giving rise to the above cause DUE TO stating underlying cause last IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No:[3] 21a. EXTERNAL CAUSE WAS PRIMARY (3) or CONTRIBUTING (2): CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., 21c. (City or town) (County) (State) OF street office bldg., etc., Cumberland Allegany 21d. TIME (Month) (Day) (Year) Hour) | 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While at OF JURY Jan . 15-1956 Not while Reached. work [ 22. I hereby certify that I took charge of the remains described above, held an Autopsy ; Inspection for Inquiry is and find that death resulted from: Natural causes [], Accident [5], Suicide [], Homicide [], Undetermined cause []. RITI is e CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE X H.V.Deming L. 23. BURIAL, CREMATION, REMOVAL (Specify): E OF CEMETERY OR CREMATORY ATION CKy, town, or county) 国 102 PLEA DDRESS



(Day)

CITIZEN OF WHAT

USA

COUNTRY?

Md.

INTERVAL BETWEEN

ONSET, AND DEATH

20. AUTOPSY?

NO

(State)

YES |

South A

TITAL ST

NAME OF CEMETERY OR CREMATORY

00056

(Yaer)

HE UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

**ADDRESS** 

LOCATION (City, town, or county)

25. FUNERAL DIRECTOR'S SIGNATURE

NO

(Stata)

CITIZEN OF WHAT

COUNTRY?

S. A.

Davs

56

BURIAL, CREMATION,

REMOVAL (SPECIFY)

REC'D BY REGISTRAR

2

DATE THEREOF

REGISTRAR'S SIGNATURE

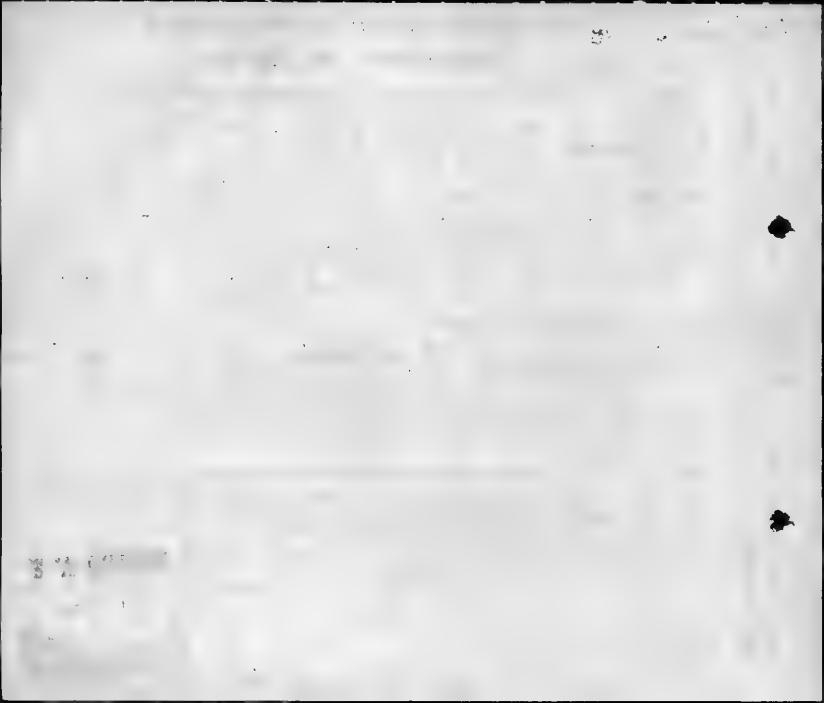
BUREAL W. S.

BECEINED

# 00057

# CERTIFICATE OF DEATH

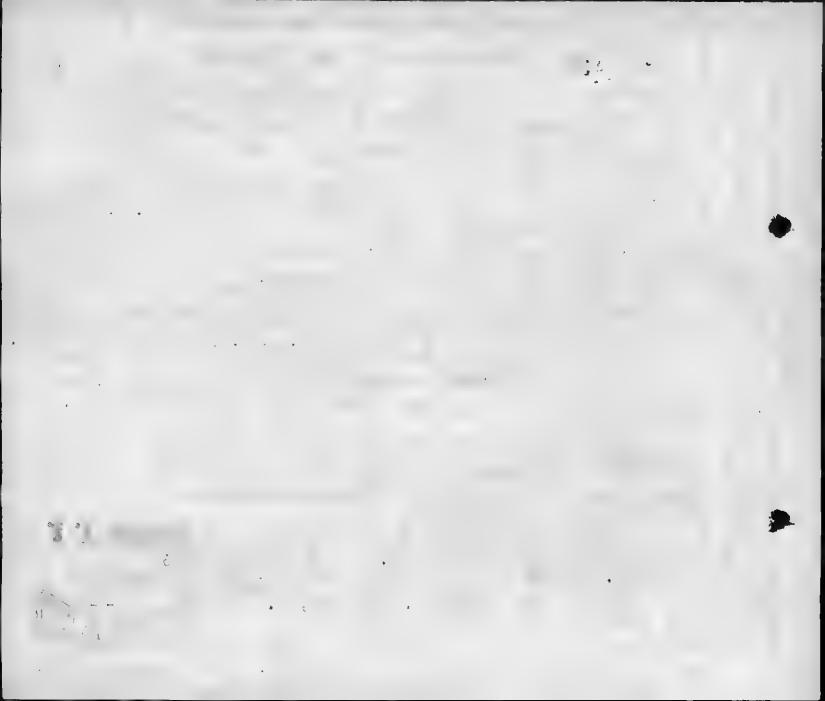
1. PLACE OF E	37	CERTIFICA	ATE OF D		Dist. No.
	DEATH		2. USUAL RES	IDENCE (HOME) OF DECE	KASED
COUNTY	के का का कार्या टें र केरफ	MARYLAND		יין אוין COUNTY	
OR and giva	le corporete timits, write RURA neerest town)	L LENGTH OF STA (in this place)	OR	corporals limits, write RURAL and g	iva neerest town)
	mberland	2 3a	TOWN STREET	.Sa Contr. (If rural give los	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Sacred Fau	rt Spiral	ADDRESS	ar it	cunonj
3. NAME OF DECEASED	(First)	(Middle)	(Lesi)	4. DATE (Month)	(Day) (Y
(Type or Print)	ELIZABLTH	0 -/ -	LEASE	DEATH 1-2-	
5. SEX 6	RACE W	VIDOWED, DIVORCED.	DATE OF BIRTH		UNDER 1 YEAR   IF UNDE
emale	White (S	Specify Narried	March &, 1902	23 ув.	
done duded ma	ATION (Give kind of work ast of working life, even if	Own home	11. BIRTHPLACE (State	* * * * * * * * * * * * * * * * * * * *	12. CITIZEN OF WI
13. FATHER'S NAME			14. MOTHER'S MA	LIDEN NAME	
J	Marti Lease		Wagner.	eret Huff	
15. WAS DECEASED	EVER IN U. S. ARMED FOR		NO. 17. INFORMAL	NT & ADDRESS	
(Yas, no, or unk.)	(If Yes, give wer or dates of se	ervice)	**************************************	יור שבחים וורילני	gent, or , 3.
* NICE LESS ON CO	ONDITIONS DIRECTLY LEADING	18. MEDICA	AL CERTIFICATION		INTERVAL BET
Auda P		Cla St	Panno	det.	/ 11
	EDIATE CAUSE (A)	20000	1	- /	1.700
ANTECE DISEASES OR CONE	EDENT CAUSE(S) DUE T	mile	( illustry	nili-	
GIVING RISE TO THE	HE ABOVE CAUSE	0			
	(C)				
	NT CONDITIONS CONTRIBUTE	ING			
DISEASE OR CONE	DITION CAUSING DEATH	DE REIDEIGE OF OREN TO			
190. DATE OF OPERA	ATION 196, MAJO	OR FINDINGS OF OPERATION			20. AUTOI
218. ACCIDENT WAS	CAUSE OF DEATH OF IN	PLACE (Home, ferm, lectory, NJURY street, office bidg., etc.)	21c. WHERE DID INJURY	OCCUR? (City or town)	(County) (Ste
(IF EITHER, NOTIFY MI	EDICAL EXAMINER)		2H, HOW DID INJURY	OCCUR?	
ATT OF THE OF	fundamin's front (upper)	M. at work at work	• 🗂		
		1-2 13	-	112 000	21 . 4 . 4
	amendation that I allowed.	d the deceased from			that I last saw the d
			irred at M from	the causes and on the date	stated above.
alive on	19	, and that death foccu		ADDRESS (Straft, city, towill at	ala) DATE e
	19	4/2		ADDRESS (Strage, city, lover), str	- (1 /1
alive on	E J J DATE THERE	roller "	.o. 41 cm	///	Merlane June
alive on	E J J DATE THERE	Solly M	TERY OR CREMATORY	LOCATION (City, Iown, or	county) June
alive on	TION, DATE THERE	Solly M	.o. 41 cm	LOCATION (City, lown, or Cresaptown,	county) June



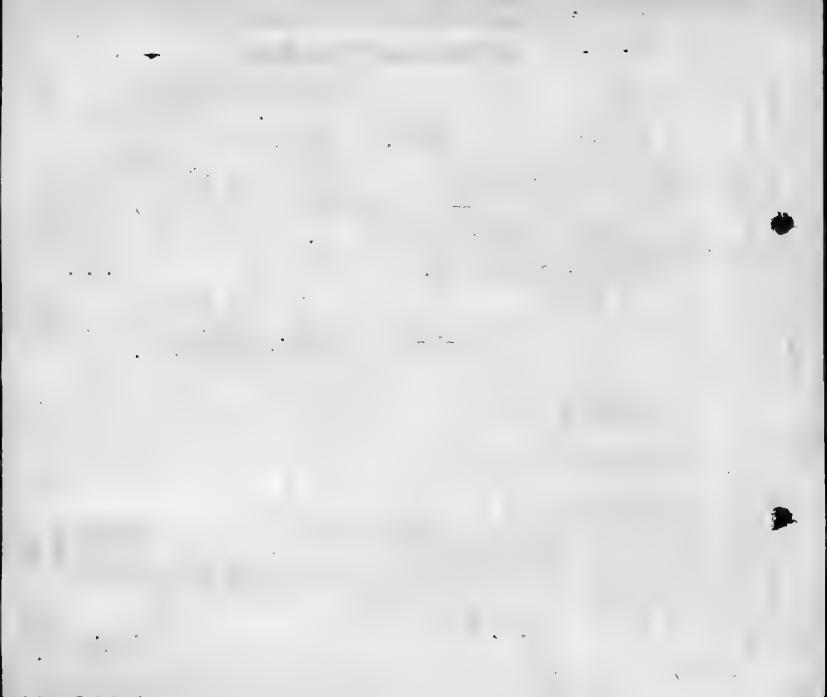


formorate limits MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 ₹ CERTIFICATE OF DEATH death. Reg. Dist. No. third I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED ‡ COUNTY Allegany
CITY (If outside corporate limits, Write RURAL STATE Maryland COUNTY Allegany hours MARYLAND CITY (if outside corporate limits, write RURAL and give neetest town) LENGTH OF STAY director, and give nearest town) (in this place) TOWN TOWN Cumberland Cumberland vears HOSPITAL OR STREET (If rure) give location) INSTITUTION OR **ADDRESS** within 210 Knox Street 210 Knox Street STREET ADDRESS (Last) 4. DATE (Month) 3. NAME OF (Middle) (Year) DECEASED registrar by the f DEATH Jan. (Type or Print) CHARLES MARKS 7. SINGLE, MARRIED. 8. DATE OF BIRTH IF UNDER 1 YEAR 6. COLOR OR 9. AGE last birthdey LIF UNDER 24 HRS WIDOWED, DIVORCED. Months Deys (Specify) Warried Oct. Male | White | 10a. USUAL OCCUPATION (Give kind of work 6. <u>.</u>E.E 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT with filled done during most of working life, even if OR INDUSTRY COUNTRY? refire lectrician Pennsylvania

14. MOTHER'S MAIDEN NAME Rayon Industry USA 13. FATHER'S NAME completely Sarah Ann Witherson Frenklin Marks physician, 17. INFORMANT & ADDRESS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. certificate (Yes, ng, or unk.) (M Yes, give wer or deles of service) 217-10-5387 Mrs. C. M. Marks, Cumberland, no and INTERVAL BETWEEN 18. MEDICAL CERTIFICATION KEN OR HOSPITAL: The law recretained by the hospital or attending 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician 420.1 death Corenary Occlusion IMMEDIATE CAUSE USB DUE TO ANTECEDENT CAUSE(S) FUNERAL DIRECTOR: The law requires that the sertificate has been executed by the attending philes to certificate assembly should be detached for u Corenary Heart Disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 20. AUTOPSY? 19e. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION YES [ NO 21c. WHERE DID INJURY OCCUR? (City or town) 21a, ACCIDENT WAS UNDERLYING | 21b PLACE (Homa, farm, Jactory, (County) (Stete) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY streat, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? Not while at work 22. I hereby certify that I attended the deceased from Aug. 5 ...... 19.55 ...., to Jan 6 ....... 19.55 ...., that I last saw the deceased ADDRESS (Street, city, town, steta) DATE SIGNED certificate 62 Greene St. M. Cumberland, Md. death 23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stete) REMOVAL (SPECIFY) Jan 9 1956 Crest Cemetery Burial Cumberland, ad. S 24.) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE illiam H. Kignt, Cumberland, Lad.



death	<b>声</b> 名	MARYLAND STATE DEPARTME	NT OF HEALTH–BALTIMORE, 18 $000$	160
after deat	ath. Affer copy of	97 - CERTIFICAT	E OF DEATH -	7
hours	death.	Ttom 1. Film3191 1-20-56 et	Reg. Dist. NoÖ	
5	P#	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
ocuted within 24	72 hours aft director, the	COUNTY Allegary MARYLAND  CITY (If outside corporate limits, write RURAL OR and give nearest town)  YOWN Lenacening 82yrs.	STATE MT COUNTY Allerany CITY (It outside corporete limits, write RURAL end give neeles) law!/ OR TOWN Lenacening	
þ	Z je	HOSPITAL OF	STREET (If rurel give location)	<i>y</i>
PCCI.	within	INSTITUTION OR STREET ADDRESS East Main Street	East Main Street	
ye ex	rar wit le fune	3. NAME OF (First) (Middle) DECEASED (Type or Print) DAVID   MCA	(Lest) 4. DATE (Month) (Dey)  OF DEATH Jan, 9 1956	(Yeer)
世	registrar by the	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, (Specify) Single Sept	OF BIRTH  9. AGE lest birthdey  IF UNDER 1 YEAR (IF Months   Deys	F UNDER 24 HRS Hours   Min.
ath certif	with the filled in	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Retired—Celanese Plant.	777 01	OF WHAT
ıő	y Ferm €	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
that the death	三 草 法	John McAlpine	Elizabeth Flemming	
Ę.	e be firemont	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
lires	pnysician. fificate be nd compli urial trans	(Yes, ap, or unk.) (If Yes, give wer or deles of service)	Mrs. Frederick Butts, (Sia	
		1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		AL BETWEEN
a law re	eath sician	IMMEDIATE CAUSE (A) Cerebro	I thromboses of	hes
TAL: The	that the deding physical	ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	Interior Cupia 3-	3 year
HOSPI Market	ine nos squires e atten detach	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
2		190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. YES [	AUTOPSY?
2	The law sted by should b	21e ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County)	(Stete)
Sign	TOR exec	21d. TIME OF INJURY (Manth) (Dey) (Yeer) (Hour! 21e. INJURY OCCURRED While Not while et work (work)	21f. HOW DID INJURY OCCUR?	
= 5	DIRECT DIRECT been ste assen	22. I hereby certify that I attended the deceased from the sain and that death occurred a	1932, to 1950, that I last saw to 1950, that I last saw to 1950, the date stated above.	the deceased
ATTENDING	Para Para Para Para Para Para Para Para	Senture M.D. of	ADDRESS (Street, city, town, stele) DA	TE BIGNED
The	FUNER Certificate death cert	23. BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial  Jan, 11, 1956 Oak Hill		(State)
Ħ	To	DATE 1-11-56 towartle M Boal	2s. Funeral Director's Signature George Eichhorn, Lobaconing,	MD.



be executed within 24 hours after

ATTENDING PHYSICAXM OF HOSPITAL: The law requires that the desire certific. The bottom copy may be retained by the hospital or attending physician.

METRUCTIONS

death.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00061

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### CERTIFICATE OF DEATH

Reg. D

			4	
st.	No.	٠	1. T.	

*		Reg. Dist. No /
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME)	OF DECEASED
county Al egony MARYLAN	state Margeland c	OUNTY Allegary
CITY (If outside corporate limits, write RURAL   LENGTH OF S	TAY CITY (If outside corporate limits, write	
OR end give neerest town) TOWN Cumberland.  [In this plec	Town Cumberland,	
HOSPITAL OR	STREET (*	rurel give location)
INSTITUTION OR STREET ADDRESS 219 Wallace St.,	ADDRESS 210 CTTC	74
3. NAME OF (First) (Middle) DECRASED	(Lost) 4. DAT	E (Month) (Dey) (Yeer)
(Type or Print)	SWOTTFORGH DEV.	тн Тээ. 13, 19 5/
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, RACE WIDOWED, DIVORCED,	DATE OF BIRTH 9. AGE last bir	
'ala (Specify) Single	June 12, 1877 78	yrs. Months Days Hours Min
10% USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS	11. BIRTHPLACE (Stele or foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if or INDUSTRY reflect + * no 1 P no f : + ter P 0. Twy	Comb rla to arela	COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Christopher McCullough	Anna V. Coleman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURI	Y NO. 17, INFORMANT & ADDRESS	210 (011000)
(Yas, no, or unk.) (If Yas, give wer or detes of service)	32 Mangaput 190	219 Jallace
18. MEDI	AL CERTIFICATION	INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A .	ONSET AND DEATH
442 XIMMEDIATE CAUSE (A) 1. 1/2 , ZE	erest, there et th	200000000000000000000000000000000000000
ANTECEDENT CAUSE(S) DUE TO	c. ch dans die the	1
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	e i C - w and one ( C C C C	
STATING UNDERLYING CAUSE LAST.		at the same
		ill even
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		ill out
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH		allenth
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH		20. AUTOPSY?
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  90. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	21c WHERE DID IN HIRY OCCUR? I City or fow	20, AUTOPSY? YES NO
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  196. DATE OF OPERATION  196. MAJOR FINDINGS OF OPERATION  216. ACCIDENT WAS UNDERLYING   216. PLACE (Home, form, fectory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or fow	20. AUTOPSY? YES NO
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  199. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  (IF OPERATION CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF INJURY STREET, OFFICE OF	D 24 HOW NO INTERVOCATION	20, AUTOPSY? YES NO F
TO THE DEATH BUT NOT RELATED TO THE DISTASE OR CONDITION CAUSING DEATH  190. DATE OF OPERATION  190. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.)	D 21f, HOW DID INJURY OCCUR?	20, AUTOPSY? YES NO F
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  190. DATE OF OPERATION  195. MAJOR FINDINGS OF OPERATION  216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  216. TIME OF INJURY (Month) [Dey)  217. (Yeer) (Hour)  218. INJURY OCCURR While Not we et work of two	D 21f, HOW DID INJURY OCCUR?	20. AUTOPSY? YES NO F
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  190. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURR While of work   1 attended the deceased from	D 214, HOW DID INJURY OCCUR?	20. AUTOPSY? YES NO []  n) (County) (State)  19
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURR While of work   et work	21/, HOW DID INJURY OCCUR?  21/, HOW DID INJURY OCCUR?  21/, 19 5/, to	20. AUTOPSY? YES NO [-]  (County) (State)  19
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURR While of work   et work	21/, HOW DID INJURY OCCUR?  21/, HOW DID INJURY OCCUR?  21/, 19 5/, to	20. AUTOPSY? YES NO F No
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  19e. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING   19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)   21e. INJURY OCCURR While of work   et work	214, HOW DID INJURY OCCUR?  214, HOW DID INJURY OCCUR?  215, 19, 14, to 17, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	20, AUTOPSY? YES NO F  (State)  19
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  199. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING   20b. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.)  (If EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) While et work et work  22. I hereby certify that I attended the deceased from	214, HOW DID INJURY OCCUR?  214, HOW DID INJURY OCCUR?  214, HOW DID INJURY OCCUR?  216, HOW DID INJURY OCCUR?  216, HOW DID INJURY OCCUR?  217, HOW DID INJURY OCCUR?  217, HOW DID INJURY OCCUR?  218, HOW DID INJURY OCCUR?  218, HOW DID INJURY OCCUR?	20. AUTOPSY? YES NO F  (State)  19
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  199. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	214, HOW DID INJURY OCCUR?  214, HOW DID INJURY OCCUR?  214, HOW DID INJURY OCCUR?  216, HOW DID INJURY OCCUR?  216, HOW DID INJURY OCCUR?  217, HOW DID INJURY OCCUR?  217, HOW DID INJURY OCCUR?  218, HOW DID INJURY OCCUR?  218, HOW DID INJURY OCCUR?	20. AUTOPSY? YES NO []  (County) (State)  19



CODY

It in the third cop 72 hours after

the registrar within in My the fumeral

TO FUNE LOLD DIRECTOR: The law requires that the death certificate by filled with certificate has then exmented by the allending physician and completely filled duath certifical assembly should be disached for as me a burial transit permit.

The Bottom copy may lie retained by the haspital or allending physician, 0

Certific

HOSTITAL: The law require that the math

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

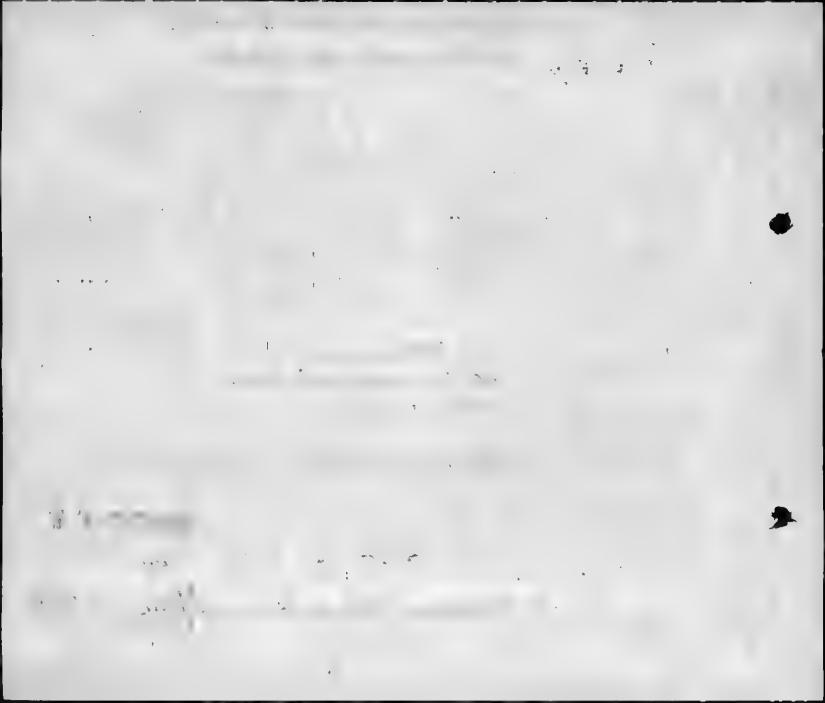
00062

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#### CERTIFICATE OF DEATH

			/	r i
Req.	Dist.	No.	 	1

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEA	SED
COUNTY ALLEGANY	mornami	STATE MARYLAND COUNTY ALL	EGANY
CITY (If outside corporate fimits, write RURAL OR and give nearest town) TOWN CUMBERLAND	LENGTH OF STAY (in this ptece) O DAYS	CITY (If outside corporete limits, write RURAL end give	e neerest lown)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOS	PITAL	ADDRESS 64 GREENE STREET	lion)
3. ALPE UP (First)	(Middle)	(Lest) 4. DATE (Month)	(Dey) (Yeer)
(Type or Print) MARIE	C. MC	GINN DEATH JANUA	IRY 30. 19 56
	GLE, MARRIED, B. DATE O	F BIRTH 9. AGE lest birthday If U	NDER 1 YEAR IF UNDER 24 HR
LENMES MULLS	OCHY) MARRIED JEN	E 5.1886 69 yrs.	
10a. USUAL OCCUPATION [Give kind of work done during most of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
retired) Housewife	Own home	Geyser. WEST VIRGINIA	U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
CHARLES CRAWFORD		LOUISID MILLER	
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yas, no, or unk.)   (If Yes, give wer or detes of sen		17. INFORMANT & ADDRESS MEMORIAL I	
110	18, MEDICAL CER		INTERVAL BETWEEN
IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST,  (C)	diteriopel	enthe Endistrace	9 your
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	Lar akvanco	Loronory asternas	de
	FINDINGS OF OPERATION	0 0	20. AUTOPSY? YES NO
OR CONTRIBUTING (CAUSE OF DEATH OF INJUDICAL EXAMINER)	URY street, office bidg., etc.)		(State)
21d. TIME OF INJURY (Month) (Day) (Year) (F	Hour) 21e. INJURY OCCURRED While Not white St work St work	211. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended alive on 363 (, 1954	the deceased from 3.4.4.7, and that death occurred at.	6:26P M, from the causes and on the date s	
Min. 7.1	William C	The tellentheid MA	1-31-57
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buria1  2/2/56	NAME OF CEMETERY OF III		Maryland (Stete)
24. REC'D BY REGISTRAR REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Jah 2 19.56 711 %	a O Frank M. A	H. Navne George Cumberla	nd. Maryland



VS. A15A - 5 - 53

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00063 Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No.
---------	------------	-------------	----	-------	-----

1. PLACE OF DEATH:	2. USUAL RESIDENCE	(HOME) OF DEC	EASED:	
COUNTY Allegany MARYLAND	STATE 11d.	COUNTY	Allegan:	n mt
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside co	proprate limits write	RURAL and g	ive nearest town)
OR and give nearest town) TOWN Tural) Tarton (in this place)	TOWN Bart	on		è
HOSPITAL OR IN DITERVOAL CO'S I INC.	STREET	(If rural, gi	ve location)	
INSTITUTION OR STREET ADDRESS D.O.A.at Memorial Hospita	ADDRESS	(11 11 11)	,	
3. NAME OF (First) (Middle)	(Last)	4. DATE (Mor	ith) (Day)	(Year)
DECEASED:	chael	OF	an. 0	19 56
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DAT		AGE last birthday:	The state of the s	
male widowed, Divorced, (Specify): harried law	29-1916	37 yrs.	Months Days	Hours   Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O work done during most of work life, INDUSTRY:			untry): 12. C	ITIZEN OF WHAT
Coyan if retired): Miner Vining coal	Bond-Md-		TT	ą Λ
I3. FATHER'S NAME:	14. MOTHER'S MAID			
Addis Michael	Bessie Faz	cnbaker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY NO.:	17. INFORMANT & AD	DRESS:		
(Yes, no, or unk.) (If Yes, give war or dates of 213-10-7613	(wife)"-il"	Trenum "i.	Thords	הדיי יחליו
18. MEDIC	AL CERTIFICATION			7
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	TE COMPANIATION			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary occlusi	on (left)			sudden
Immediate cause (a) The state of the sta		*** * *		
Antecedent cause(s) Atherosclerosis				?
Diseases or conditions, if any. (b)				***
giving rise to the above cause DUE TO stating underlying cause last				
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH	• • • <u>•</u>			
198. DATE OF OPERATION: 198. MAJOR FINDING OF OPERATION:				20. AUTOPSY? Yes No []
21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory	, 21c. (City or town)	(Count	(v)	(State)
PRIMARY or CONTRIBUTING OF street, office bldg., etc CAUSE OF DEATH.	••	(572)		(Nowe)
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED	21f. HOW DID INJ	URY OCCUR?		
OF While at Not while INJURY M. work at work				
22. I hereby certify that I took charge of the remains descri	bed above, held an	Autopsy [], Insp	ection 🖫, J	nquiry A, and
find that death resulted from: Natural causes [], Acci				
SIGNATURE	CHIEF I	MEDICAL EXAMIN MEDICAL EXAM		DATE SIGNED
V. Deming D. H. V. Denning M. D.		NT MEDICAL EX		nn.9-1056
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY	LOCATION (City,	town, or coun	ty) (State) /
12411 1/12/56 VE TILL	of Blomingter	Lecom	with	10 Hz
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRE	CTOR	Joine	ADDRESS
1-11-56 Met Jon Chelly	C. 1./30	al		



## CERTIFICATE OF DEATH

		TATE DEPARTME		01	0064
₩ .	42 CEF	RTIFICATI	E OF DEA	ATH	i.
				Reg. Dist	h No
1. PLACE OF DE			2. USUAL RESIDE	NCE (HOME) OF DECEASE	D
COUNTY	Allegany	MARYLAND	STATE Maryl	and COUNTY Alle	gany
CITY (If outside of OR and give no	orporate limits, write RURAL	LENGTH OF STAY	City (il outside corpe OR	orete limits, write RURAL and give no	
TOWN	Cumberland	Oct. 1947		ternport	4
HOSPITAL OR INSTITUTION OR A STREET ADDRESS	llegany County	7 Infirmary	STREET ADDRESS	(If rurat give location)	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Dey) [Yeer
(Type or Print)	Frederick	Aubrey Mi	lller	DEATH Januar	y 28 ,,5
5. SEX 6.	COLOR OR 7, SINGLE, MA RACE WIDOWED,	DIVORCED.	OF BIRTH	9. AGE lest birthdey   IF UNDER	1 YEAR   IF UNDER 2
Male	White (Specify) S	Single June 1	4, 1880	75 yrs.	
10a, USUAL OCCUPATI	DN (Give kind of work 10b. 1 of working life, eyen if	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		COUNTRY?
1	Invalid since l	L years of age			U. S. A
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	John D. Mille		Man	cy_S. Duckwort	h
	YER IN U. S. ARMED FORCE\$? Yas, give war or dates of servica)	16. SOCIAL SECURITY NO.	17. INFORMANT &		
(Yes, no, or unk.) (It	103, 3114 101 01 00103 01 3011103,	None	~- Allegany	County Infirm	
I DISEASES OR COND	ITIONS DIRECTLY LEADING TO DEAT	18, MEDICAL CER	RTIFICATION		ONSET AND DE
4 2.7 IMMEDI	ATE CAUSE (A)	Kronia h.	eccardities		7
	NT CAUSE(S) DUE TO	A . A . 01	a mt	0-	
DISEASES OR CONDIT	ONS, IF ANY, (B)	goreball t	Merco	clerosis.	
GIVING RISE TO THE STATING UNDERLYING	CAUSE LAST. DUE TO	Speak	arth. t.	•	>
	CONDITIONS CONTRIBUTING	J. W.	· nouve		,
	OT RELATED TO THE	Grones 7	ephrete	-0'	?
		S OF OPERATION	-		20. AUTOPSY
	ON 196. MAJOR FINDING				
DISEASE OR CONDIT		,	ZIA WHERE DID IN HIRY OCCU	R7 (City or Iowa) (Cou	YES NO
DISEASE OR CONDIT	UNDERLYING   21b PLACE (Mc	*	ZIc. WHERE DID INJURY OCCU	R? (City or Iown) (Cour	
DISEASE OR CONDIT	UNDERLYING 21b PLACE (Hour) 2 CAL EXAMINER)  (Monih) (Day) (Year) (Hour) 2	oma, farm, factory, st, offica bldg., atc.)	21c. WHERE DID INJURY OCCU		
DISEASE OR CONDIT  19a. DATE OF OPERATE  21a. ACCIDENT WAS OR CONTRIBUTING [] C (IF EITHER, NOTIFY MEDI	UNDERLYING   21b PLACE (Mc AUSE OF DEATH OF INJURY strea CAL EXAMINER) (Monih) (Day) (Year) (Hour) 2	oma, farm, factory, tt, office bldg., atc.)			
DISEASE OR CONDIT  19a. DATE OF OPERATE  21a. ACCIDENT WAS OR CONTRIBUTING DO (IF EITHER, NOTIFY MEDI  21d. TIME OF INJURY	UNDERLYING   21b PLACE (MAUSE OF DEATH OF INJURY streat CAL EXAMINER) (Monih) (Day) (Year) (Hour) 2 Was as	ome, farm, factory, of, office bldg., atc.)  18. INJURY OCCURRED Not while it work at Aport	21f. HOW DID INJURY OCCU	PR7	nly) (Steta)
DISEASE OR CONDIT  19a. DATE OF OPERATE  21b. ACCIDENT WAS OR CONTRIBUTING CIFETHER, NOTIFY MEDI  21d. TIME OF INJURY  22d. I hereby ce	UNDERLYING   21b PLACE (Mc AUSE OF DEATH OF INJURY strea CAL EXAMINER) (Monih) (Day) (Year) (Hour) 2	oma, farm, factory, of, office bidg., atc.)  Te. RNJURY OCCURRED Not while i work at Apork	216. HOW DID INJURY OCCU	187 Le: 29, 1956, that I	last saw the decr
DISEASE OR CONDIT  19a. DATE OF OPERATE  21a. ACCIDENT WAS OR CONTRIBUTING DIC (IF EITHER, NOTIFY MEDI  21d. TIME OF INJURY  22. I hereby ce alive of March	UNDERLYING   21b PLACE (Ho AUSE OF DEATH OF INJURY stree CAL EXAMINER) (Monih) (Day) (Year) (Hour) 2 M. street that I attended the dec	to RNJURY OCCURRED  Not while Not while at work at wor	216. HOW DID INJURY OCCU	187 Le: 29, 1956, that I	last saw the decid above.
DISEASE OR CONDIT  19a. DATE OF OPERATE  21a. ACCIDENT WAS OR CONTRIBUTING DIC (IF EITHER, NOTIFY MEDI  21d. TIME OF INJURY  22. I hereby ce alive op the	UNDERLYING   21b PLACE (Manuscof Death Of InJury stree CAL EXAMINE) (Monih) (Day) (Year) (Hour) 2 Manuscof Called (Monih) (Monih) (Day) (Year) (Hour) 2 Manuscof Called (Monih) (Monih) (Day) (Year) (Hour) 2 Manuscof Called (Monih) (Monih) (Day) (Year) (Hour) 2 Manuscof Called (Monih) (Monih	oma, farm, factory, office bldg., atc.)  is. RNJURY OCCURRED Not while is work at Mork ceased from Marie 2.  Ind that death occurred at Che Cleum, D.	214. HOW DID INJURY OCCU 1952, to Jan 1150 p.M. from the appropriate of the appropriate	causes and on the date state  RESS (Streat, city, lown, stele)	last saw the decid above.
DISEASE OR CONDIT  19a. DATE OF OPERATE  21b. ACCIDENT WAS OR CONTRIBUTING DO (IF EITHER, NOTIFY MEDI  21d. TIME OF INJURY  22. I hereby ce alive op  SIGNATURE  23. BURIAL, CREMATIC FEMOVAL (SPECIF	UNDERLYING   21b PLACE (Manuse of DEATH OF INJURY street CAL EXAMINER) (Monih) (Day) (Year) (Hour) 2 Manuse of California (Monih) (Day) (Year) (Hour) 2 Manuse of California (Monih) (Day) (Year) (Hour) 2 Manuse of California (Monih) (Monih	to RNJURY OCCURRED  Not while Not while at work at wor	214. HOW DID INJURY OCCU 1952, to Jan 1150 p.M. from the appropriate of the appropriate	causes and on the date state  RESS (Streat, city, lown, stell)  LOCATION (City, lown, or county	last saw the decid above.  DATE BIG  (St
DISEASE OR CONDIT  19a. DATE OF OPERATE  21b. ACCIDENT WAS OR CONTRIBUTING OF (IF EITHER, NOTIFY MEDI  21d. TIME OF INJURY  22. I hereby ce alive op the signature  23. BURIAL, CREMATIC	UNDERLYING   21b PLACE (Manual Ause of DEATH OF INJURY street CAL EXAMINER)  (Monih) (Day) (Year) (Hour) 2  White the profit of the decision o	oma, farm, factory, of, office bidg., atc.]  Tie. RNJURY OCCURRED   1 of while   1 of work   2 of work   2 of work   2 of work   2 of work   3 of work   4 of work   4 of work   4 of work   4 of work   5 of Philos Cemes	214. HOW DID INJURY OCCU  1952, to Jan  1959, M, from the ADD  CREMATORY	causes and on the date state  RESS (Streat, city, lown, stell)  LOCATION (City, town, or count)  Westernport, Ma	last saw the decid above.  DATE BIG  (Sreta)

ATTENDING PHYSICAL OR HOSFITAL: The law requires that the death certif. The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

To be executed within 24 hours



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00065

#### CERTIFICATE OF DEATH

Charles L. George, Cumberland, Maryland.

\$	43						Re	eg. Dist	. No		
1. PLACE OF	DEATH		, <u>, , , , , , , , , , , , , , , , , , </u>		2. USUAL N	ESIDEN	CE (HOME) OF D	ECEASE	D	V	<u> </u>
CITY (If outside OR and give	llegany corporala limits, w neerast town) mberlan		LENGTH Of this p	FSTAY	CITY (If ou	tside corpore	land county ole Nimits, write RURAL e orland				
HOSPITAL OR INSTITUTION OF STREET ADDRESS	Momo	rial Hos	spital		STREET ADDRESS		nith Stre	re location) A t			,
3. NAME OF (Type or Print)	(First) Geor	ď.	(Middle) Albert	N.	oulton		4. DATE (Mor	ith)	(Dey) 22-	(Ye)	56
s. sex Male	RACE TO	7. SINGLE, M WIDOWED (Specify)	ARRIED, , DIVORCED, , B P T L e d	B. DATE C	of BIRTH		. AGE last birthday 63 yrs.	Months	1 YEAR Days	Hours	24 HRS I Min.
10e. USUAL OCCUPY done during mo Estatived 13. FATHER'S NAME	st of working bla, - Hazelv	avan if	KIND OF BUSINES OR INDUSTRY Truction		11. BIRTHPLACE (SI	eta ar foralg k , ME	aine		JSA	N OF WH	ÄT
15. WAS DECEASED (Yes, no, or unk.)	EVER IN U. S. AR		16. SOCIAL SEC 229-24-9	976	17. INFOR	MANT & A	Gennett Cospital			RVAL BETY	
	INDITIONS DIRECTLE DIATE CAUSE EDENT CAUSE(S)	(A)	ATH		orale				ONS	we ye	HTAS
DISEASES OR CONI GIVING RISE TO TH STATING UNDERLY!!	DITIONS, IF ANY, HE ABOVE CAUSE NG CAUSE LAST	DUE TO (C) ONTRIBUTING	-w/sx	yse	···					. 9 e	-417
	IT NOT RELATED TO DITION CAUSING D ATION 1	EATH	NGS OF OPERATION	N T						. AUTOP	
21a. ACCIDENT WA OR CONTRIBUTING E (IF EITHER, NOTIFY M 21d. TIME OF INJURY	CAUSE OF DEATH EDICAL EXAMINER)	OF INJURY at		JRRED 1	216. WHERE DID INJU			(Cou	YES	(Steta	) [ <u>}</u>
22. I hereby alive on signatur	1-22, a 6./	attended the d	eceased from and that death	occurred a	5:55 BM, from	om the ca	auses and on the common that t	date state m, stela)	abov	e. /-22·	Ceased - 56
REMOVAL ISPEC Burial 23. REC'D BY REGIS	CIFY) J.		956 Hill		Burial Par		Cumberlan			·	,

INSTRUCTIONS

De executed within 24 hours after deals.

Affer

the registrar within 72 hours after death. in by the funeral director, the third co

TO ATTENDING PHYSICAN OR HOSPITAL: The law requires that the death certifi The bottom capy may ill retained by the linspital or allending physician.

TO PURLICATE LIRECTOR The law requires that the dmith certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

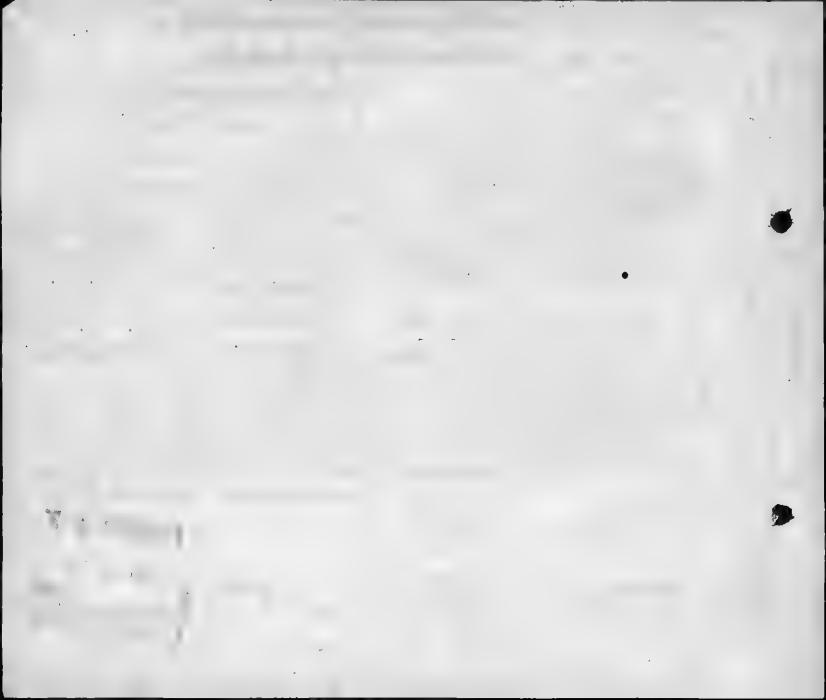
PECENVED S.

, I, PLACE C					DENCE (HOME) OF	_	
COUNTY	Allegany		MARYLAND		yland county		-
CITY (If o OR and TOWN	give nearest town)  Cumber 1		(in this place)	OR .	corporate (imits, write RURAL berland		wn)
HOSPITAL O	V OR			STREET ADDRESS	(if rural g	ive location)	,
PM STREET ADD	000 1140	aryland A		53			
3. NAME O DECEAS	ED		(Middle)	(Lest)	4. DATE (M	onth) (Dey	(Year)
(Type or Prii	OW TITLE	.INE	HELEN	JLLEN		anusry	
5. \$EX	6. COLOR OR RACE	7. SINGLE, MARR WIDOWED, DI	VORCED.	ATE OF BIRTH	9. AGE last birthdey	Months Day	
remale	White	(Specify) ME			53 уп.		
done during	CUPATION (Give kind of most of working life, e	r work 10b. Kil	ND OF BUSINESS	11. BIRTHPLACE (State or		CC	UNTRY?
		OW.	nnome	Franklin,			.S.A.
13. FATHER'S N	AME			14. MOTHER'S MAII			
William					AREY		
15. WAS DECE. (Yes, no, or unk.	ASED EVER IN U. S. AR		S. SOCIAL SECURITY NO		UUL	d. Av	
(10) (10) 01 1		. 2	14-05-8895	ALE OTINO	l E. <sup>M</sup> uller		
I DISEASES OF	CONDITIONS DIRECTLY	LEADING TO DEATH	18. MEDICAL	CERTIFICATION			NTERVAL BETWEEN ONSET AND DEATH
4000	MMEDIATE CAUSE	fAT	Reit.	College of 02	2426200	14	2612.2
*	ITECEDENT CAUSEISI	DUE TO		3			
				-			
DISEASES OR O	CONDITIONS IF ANY.	(B)					
DISEASES OR O		DUE TO	,	n			
DISEASES OR C GIVING RISE TO STATING UNDE	CONDITIONS, IF ANY, D THE ABOVE CAUSE RLYING CAUSE LAST.	DUE TO	1ª	1			
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DISEASES OR ( GIVING RISE TO STATING UNDE  I OTHER SIGNI TO THE DEAT DISEASE OR (  190. DATE OF C  210. ACCIDENT OR CONTRIBUTIO (IF EITHER, NOT)	CONDITIONS, IF ANY, O THE ABOVE CAUSE RELYING CAUSE LAST. FIGANT CONDITIONS CO H BUT NOT RELATED TO CONDITION CAUSING DI OPERATION  WAS UNDERLYING  IG CAUSE OF DEATH TY MEDICAL EXAMINER)	DUE TO (C) DNTRIBUTING THE EATH. Pb. MAJOR FINDINGS 21b. PLACE (Hon OF INJURY street,	OF OPERATION	21c. WHERE DID INJURY O		(County)	
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DISEASES OR C GIVING RISE TO STATING UNDE  II OTHER SIGNI TO THE DEAT DISEASE OR C 190. DATE OF C  210. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIL  21d. TIME OF IN  22. 1 herei alive on BIGNAT  23. BURIAE, CR	CONDITIONS, IF ANY, O THE ABOVE CAUSE RELYING CAUSE LAST. FICANT CONDITIONS CO H BUT NOT RELATED TO CONDITION CAUSING DI OPERATION 19  WAS UNDERLYING  IG CAUSE OF DEATH TY MEDICAL EXAMINER) UURY (Monih) (Day)  OY CETTIFY that I  URE	DUE TO (C) ONTRIBUTING THE EATH. Pb. MAJOR FINDINGS  21b. PLACE (Hon OF INJURY street, (Yeer) (Hour) 21e Wh M. et w	OF OPERATION  10, ferm, factory, office bidg., etc.]  . INJURY OCCURRED Not white et work et work that death occurred that death occurred M.D.	21c. WHERE DID INJURY O	he causes and on the porcess (Street, city, to	(County)	(Steta)
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John J. mafer, Cumberland, maryland

OR HOSPITAL: The law requires that the death certific The bottom copy may be retained by the hospital or attending physician. ATTENDING PHYSICS

INSTRUCTIONS



this this MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 sth. After copy of 00067CERTIFICATE OF DEATH death. Reg. Dist. No. third after 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH Allegany COUNTY Allegany COUNTY MARYLAND hours CITY (If outside corporete fimits, write RURAL CITY (If outside corporate fimits, write RURAL and give nearest lown) 72 hour LENGTH OF STAY and give neerest town) (in this place) TOWN TOWN Frostburg Lonacening STREET (Il rural give focetion) HOSPITAL OR ADDRESS INSTITUTION OR within STREET ADDRESS Miners Hospital West Lain Street 4. DATE (Month) 3. NAME OF (Lest) OF DECEASED registrar by the f (Type or Print) DEATH DAVID WRPHY Jan. 28th. HE UNDER 24 HRS 9. AGE last birthday IF UNDER 1 YEAR 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH RACE WIDOWED, DIVORCED. Months Hours (Specify) Narried Male White May 1st. 1879 ş .⊆ 10a, USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT with filled dona during most of working life, even if OR INDUSTRY COUNTRY? permit. Retired Miner Coal Lenaconing.

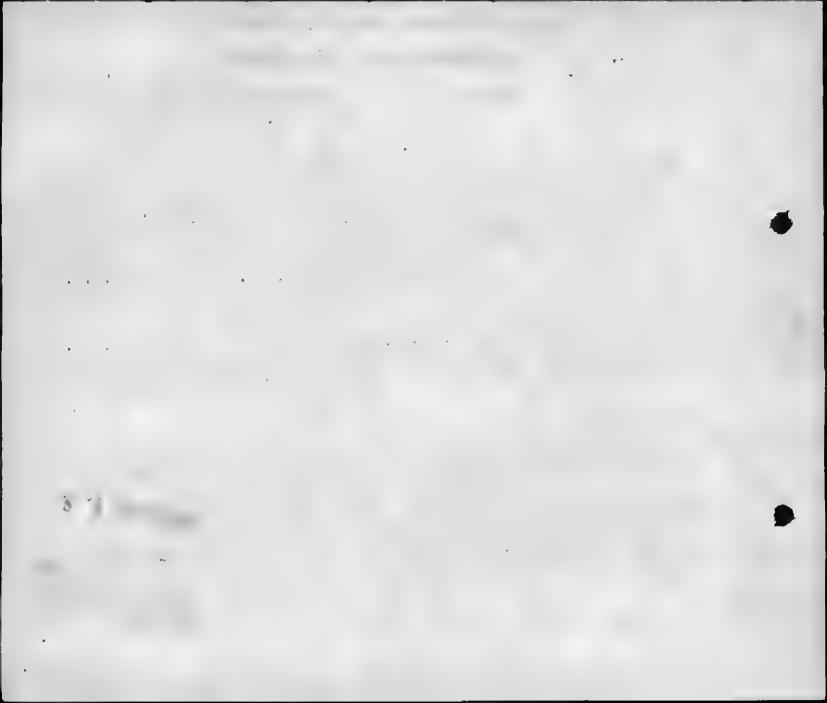
14. MOTHER'S MAIDEN NAME  $H_{\bullet}S_{\bullet}A$ 13. FATHER'S NAME File B campient William Eurphy Janet No Intyre

17. INFORMANT & ADDRESS physician. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. certificate (Yas, no, or unk.) (If Yes, give wer or dates of service) MOL INTERVAL BETWEEN 18. MEDICAL CERTIFICATION Lonacening, ID. ONSET AND DEATH attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH physillian Cerebral Vascular Accident death 4 days IMMEDIATE CAUSE DUE TO law requires that the clay the attending phy lid be detached for asi ANTECEDENT CAUSEISI be retained by the hospital or detached for r DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. Essential hypertension several vears DUE TO Arteriosclerosis several vears 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a, DATE OF OPERATION 20. AUTOPSY? 19b. MAJOR FINDINGS OF OPERATION NO 21a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 21c. WHERE DID INJURY OCCUR? (City or town) (State) 21b. PLACE (Home, farm, factory, (County) TO FUNERAL DIRECTOR: The =x=cuted OF INJURY street, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) assembly 211. HOW DID INJURY OCCUR? 21d, TIME OF INJURY (Month) (Day) (Year) 21a. INJURY OCCURRED While Not while al work at work th certificates to 1-55 10M alive on 1-28-56......, 19............, and that death occurred 3::30...PMM, from the causes and on the date stated above. has ADDRESS (Street, city, town, steta) DATE SIGNED curtificate NAME OF CEMETERY OF CREMATORY NING, Md. death BURIAL, CREMATION, REMOVAL (SPECIFY) LOCATION (City, town, or county) DATE THEREOF Jan 31 1956 Nemorial Frostburg. Burial GEORGE EICHERN, LONACON INC 25. FUNERAL DIRECTOR'S SIGNATURE 24. REC'D BY REGISTRAR

after death

OR HOSPITAI





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ATTINDING PHYSIGN OR HOSPITAL: The lam requirem that The bottom copy may be retained by the hospital at attending physician.

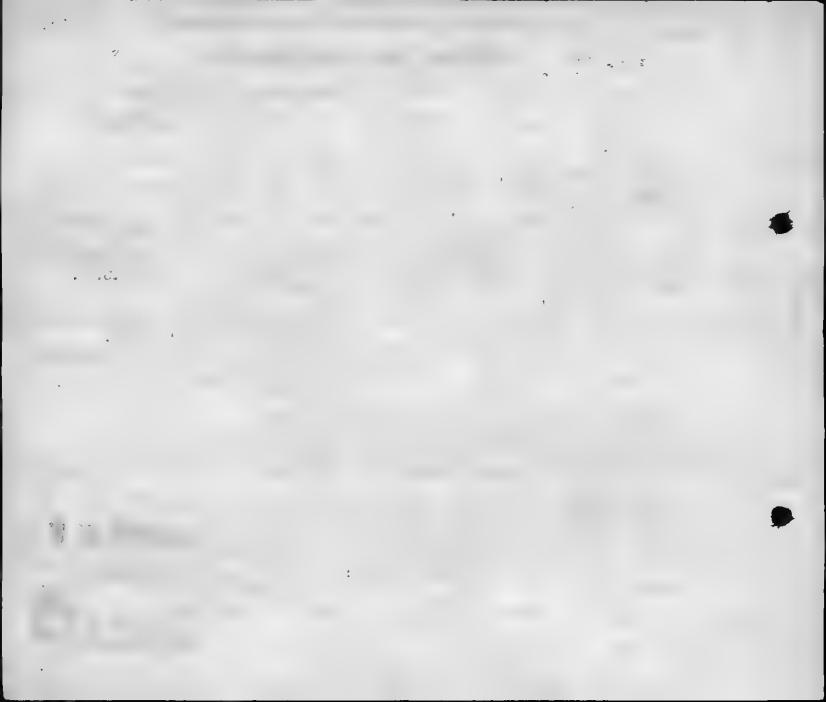
the registrar within 7.2 hours after death. After this in by the funeral director, the third copy of this certificate has been secuted by the attending physician and someteety filled leath certifical assuming should be letached for as as a busial transit permit. William corporate limits MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 46

Reg. Dist. No. .....

00070

-										
ı	1. PLACE OF DEATH			2. USUA	L RESIDE	NCE (HOME) OF D	ECEASED	)		
ı	COUNTY ALLEGANY		MARYLAND	STATE	MAR	YLAND COUNTY	ALLE	GANY		
ı	CITY (It outside corporete lim: OR end give nearest town)	its, write RURAL	LENGTH OF STAY	CITY	(It outside corr	porete limits, write RURAL e	nd give near	est fown)		
ı	OR end give nearest town) CUMBERLAN		4 DAYS	TOWN	CUMB	ERLAND				
ı	HOSPITAL OR INSTITUTION OR			STREET ADDRES	SS		ve location)			
ı	STREET ADDRESS MEMOR	RIAL HOSPITAL			20 E	LDER STREET				
ı	3. NAME OF (F	irst)	(Middle)	(Lasi)		4. DATE (Mo	nth)	(Dey)	(Yae	r)
ı	(Type or Print) SAR	JH .	E.	NOEL		DEATHUAN	1	7	19	56
	5. SEX   6. COLOR OF			ATE OF BIRTH		9. AGE lest birthdey	IF UNDER		IF UNDER	
ı	FEMALE WHIT	(SpecifyW1D(	OWED.	FEBRUARY -	1881	7 4 ya.	Months	Deys	Hours	Min.
	10e, USUAL OCCUPATION (Give k	ind of work 10b. KIN	ID OF BUSINESS	11. BIRTHPLAC	E (Stale or for	eign country)	12.	. CITIZEI	N OF WHA	\T
1	retired) Housewi		n Home		MARYL	AND	U			
ı	13. FATHER'S NAME			14, MOTH	IER'S MAIDEN	I NAME				
ı	HENRY	NOEL		FRED	ERICK	LEASE				
ı	15. WAS DECEASED EVER IN U. S	. ARMED FORCES?   16	. SOCIAL SECURITY N			ADDRISE MORTAL	ANENU	E		
1	Yes, no, or unk.) (If Yes, give w	er or detas of service)	- Treatie	M	EMOR I A	L AND WARWIC	K AVE	S.		
ı		<u></u> _		CERTIFICATIO	N				RYAL BETW	
1	1 DISEASES OR CONDITIONS DIR	ECTLY LEADING TO DEATH		11		1-1		ONS	ET AND DE	HTAS
	422.2 IMMEDIATE CAUSE	W	rome	My	Leck	puly		1-	4/7	
1	ANTECEDENT CAUSE	(S) DUE TO		1. 11		<u>~</u>		/		
ı	DISEASES OR CONDITIONS, IF A	ALICE		nej 6	<del></del>	· ····································		40	Lien	
ı	STATING UNDERLYING CAUSE L	AST. DUE TO	7-12	a/a 0/1	7/5	- 63	_			
1	II OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING								
i	TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSI									
1	19m. DATE OF OPERATION	196. MAJOR FINDINGS	OF OPERATION					2	. AUTOPS	
1								YES		14
1	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH OF INJURY streat, o	e, ferm, fectory, office bldgetc.)	21c. WHERE DID	INJURY OCC	UR? (City or town)	(Coun	(או	(Stele)	
1	21d. TIME OF INJURY (Month)	(Day) (Year) (Hour) 21a. While	INJURY OCCURRED	21f. HOW DID	INJURY OCC	UR?				
1		M. at w	ork et work	<b>4</b>		, / ,				
ı	22. I hereby certify the	it, I attended the deces	esed from 1/3/	5 6 19	to.If	7/36 , 19	, that 1	last sav	v the dec	eased
1	alive on	e, 19, and	that death occurr	ed at 0:03P M	, from the	causes and on the	date states	d above	<b>b</b> .	
1	BIGNATURE	111		0		RESS (Street, city, low		ir.	DATE SH	SNED
١	4-NHAME	Menrie	M.D	. Cum	her	land			19/5	6
	23. BURIAL CREMATION, REMOVAL (SPECIFY)	DATE THEREOF		RY OR CREMATORY		LOCATION (City, few	n, or county)	1	(Si	itele)
	Burial	1-10-56	Lease Fa	amily Ce.	etery	Cumberl	. 2	" d .		
	24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE		, n()		SIGNATURE	and before	ADDRESS		
	DATE 1-10-56	Wenter R	Trout- Y	A James	F. 5	cai; clli, C	humber	rlen	d, d	



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be executed within 24 hours after death

ATTENDING PHYSICAL OF HOSPITAL: The Lw requires that the death certifit.
The bottom copy may be mained by me hospital or accepting physician.

ATTENDING PHYSIC

**NSTRUCTIONS** 

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

the registrar within 72 hours after death. After in by the funeral director, the third copy of

#### 47

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
ALECANV	STATE MARYLAND COUNTY ALLEGANS
City (It outside corporate limits, write RURAL   LENGTH OF STAY	
OR and give nearest town) (in this place)	OR TOWN TO ANTICIPANT OF THE PROPERTY OF THE P
HOSPITAL OR	STREET (N rural give location)
STREET ADDRESS MEMORIAL HOSPITAL	ADDRESS
3. NAME OF DECEASED (First) Jertrude Middline (Type or Print) GERALDINE P.	NORTHCRAFT  4. DATE (Month) (Dey) (Yeer)  OF  DEATH JANUARY 23 19 56
METABLISH ( *	NORTHCRAFT JANUARY 23 19 56  DATE OF BIRTH J 9. AGE lest birthdey   IF UNDER 1 YEAR   IF UNDER 24 HRS
BACE WINOWED DIVORCED	22.1906 Months   Days Hours   Min.
	OCT 11. BIRTHPLACE (State or foreign country) [ 12. CITIZEN OF WHAT
done during most of working life, even il OR INDUSTRY	COUNTRY?
refired) Housewife Own Home	MARYLAND Cumberland II.S.A.
3. FATHER'S NAME	14, MOTHER'S MAIDEN NAME
GEORGE BROCKEY	SUE HUMBERTSON (issouri)
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY N	NO.   17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or dates of service)	MEMORIAL HOSPITAL
18. MEDICAL	L GERTIFICATION INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
10 1 IMMEDIATE CAUSE (A) LUCCUL	emuseum therasic Hulys
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (8)	4
GIVING RISE TO THE ABOVE CAUSE DUE TO	Come of the first
IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	various of the various
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO EX
216. ACCIDENT WAS UNDERLYING []   216. PLACE (Home, larm, factory,	21c, WHERE DID INJURY OCCUR? (C(y)or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	
21d. TIME OF INJURY (Month) (Day) [Year] (Hour) 21a. INJURY OCCURRED	271. HOW DID INJURY OCCUR?
M <sub>a</sub> at work at work	
22. I hereby certify that I attended the deceased from	9 . , 1956, to 1-23, 1956, that I last saw the deceased
alive on 1-2-19 2 6 p and that death occurr	red 5:15A.eM, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, stets) DATE SIGNE
Mrx. Millementer M.C	. Lunderland MX 1-23-5
	RY OR CREMATORY LOCATION (City, town, or county) (Stata)
	ion Christ Cem Jear Chaneysville, Per
REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Z5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
asser 25 1956 Canter or liana. Or	7. A. John J. Hafer, Cumperlang, trylar

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\* 2 \*\*\* Y

ATTENDING PHYSIC

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BASEL, 30, 19

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	48 CE	RTIFIC			R	eg. Dist. No	)72 4
1. PLACE OF DEATH			2.	USUAL RESIDE	NGE (HOME) OF D	ECEASED	
COUNTY ALLEGAL CITY (If outside corporal OR and give resent to	le limits, write RURAL own)	MARYLA  LENGTH OF (in this pla	STAY ce)	STATE MARYLAN CITY (If outside corpo DR TOWN CUMBER	orate limits, write RURAL a	nd give naarest Jown)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	MEMORIAL I	HOSPITAL	Y	STREET	VIRGINIA AVE	re location)	
3. NAME OF DECEASED (Typa or Print)	(First) LAURA	(Middle)	PARKE	IR .	4. DATE (Mon		(Yaar) 19 56
FEMALE WH	TE 7. SINGLE, WIDOWE (Specify)	MARRIED,	8. DATE OF BIRTH	1874	9. AGE last birthday	Months Deys	Hours Min.
10a. USUAL OCCUPATION (G done during most of work retired) HO11.5		or industry  Own Horae		W VA.		12. CITIZE COUN	N OF WHAT
13. FATHER'S NAME	HIDER STO		14.	MOTHER'S MAIDEN	SAN SHROUT		
	U. S. ARMED FORCES? Iva war or delas of service)	16. SOCIAL SECU	e		address va Blake,C	umoerl: n	d 'd
I DISEASES OR CONDITIONS		Earth Cereb	ical certific	7	rluge		SET AND DEATH
ANTECEDENT CA	AUSE(S) DUE TO	elever	ce gr	yocar	letes:	2	yrr
STATING UNDERLYING CAU	SE LAST, DUE 10						
TO THE DEATH BUT NOT RE DISEASE OR CONDITION C	ELATED TO THE						
198. DATE OF OPERATION		INGS OF OPERATION				20 YES	D. AUTOPSY?
216. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	CLYING   21b, PLACE OF DEATH OF INJURY S	(Homa, farm, factory, traat, office bldg., etc.)	21c, WH	ERE DID INJURY OCCU	R? (City or town)	(County)	(Stala)
21d. TIME OF INJURY (Mon	th) (Day) (Yaar) (Hour) M.	21a. INJURY OCCUR While Not at work at w	while	W DID INJURY OCCU			
22. I hereby certify			ccurred at 2:4	2PM, from the	causes and on the	date stated abov	w the deceased
BIGNATURE	to L	urrett	M.D. (6	Perme	RESS (Street, city, tow	(n, sieta)	18/-5
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF C	EMETERY OR CREMAT	ORY	LOCATION (City, tow	n, or county)	(Stata)
Purial	Jan. 20		Ros∈ Hill	FUNERAL PIRECTOR'S	Cumberl	and, d.	

3 A Cur



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My where with

A15C 1-55 10M

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE OF DEATH

Reg. Dist. No. 1) () (974

1. PLACE OF DEATH		2. USUAL RESIDE	ICE (HOME) OF DECE	ASED
county Allegany	MARYLAND	STATE Maryla	and county A	llegany
CITY (If outside corporate limits, write RURAL	LENCTH OF STAV	CITY (if outside corpo	rate limits, write RURAL and gly	e neerest town)
OR and give nearest town)	(in thu plece) 7 days	OR TOWN TOWN	-+ h	-
HOSPITAL OR	7 4430	STREET	Stburg	tion)
INSTITUTION OR		ADDRESS	partons give too	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
// STREET ADDRESS Miner's Hospita			Welsh Street	
J. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) Francis	A .	Pfaff	DEATH Jan.	10th 1956
5. SEX   6 COLOR OR   7. SINGLE, MARR	IED, B. DATE	OF BIRTH		INDER 1 YEAR   IF UNDER 24 HRS.
Male White Specify Sin	ngle Sept	.29th,1903	52 yrs. Mon	
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if	ND OF BUSINESS	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT
refired Dye House Cela	nese Corp.	Maryland		COUNTRY? USA
13. FATHER'S NAME	*	14. MOTHER'S MAIDEN	NAME	
Paul Pfaff		Bridget	Taek	
	S. SOCIAL SECURITY NO.	17. INFORMANT &		II Welsh St.
(Yes, no, or unk.) (If Yes, give wer or dates of service)	14-07-0071	Mice Cath	erine Jack,	
NO !			ier Tile Jack	F'bg, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION		ONSET AND DEATH
	e achual	Found		
265 × IMMEDIATE CAUSE (A)	- ME VAA			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (8)	Incorn			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	1	Ala ola	oruthy	,
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1146/10	- JUETHA	OPHING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19e. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
				YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCU	? (City or town)	(County) (State)
	INJURY OCCURRED	21f. HOW DID INJURY OCCU	R?	
M. at w				
22. I hereby certify that I attended the dece	ased from 12	1955 10	1956 1	nat I last saw the deceased
alive on 19 56, and				
SIGNATURE	~		RESS (Street_city, town, stell	
( Internal II	e and un	1/2-	1/-	nd Ilula
23. BURIAL, CREMATION DATE THEREOF	I NAME OF CEMETERY OR	CREMATORY	LOCATION (City, Jown, or c	ounty) (Siste)
REMOVAL (SPECIFY) Burial 1 - 12-56		l's Cemetery	Frostburg,	Md.
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	1	25. FUNERAL DIRECTOR'S		ADDRESS
DATE 1-12-5% Due Mana	, N. Rag	Joseph R	. Durst, Fro	stburg, Mdd.

ALEEAL S.

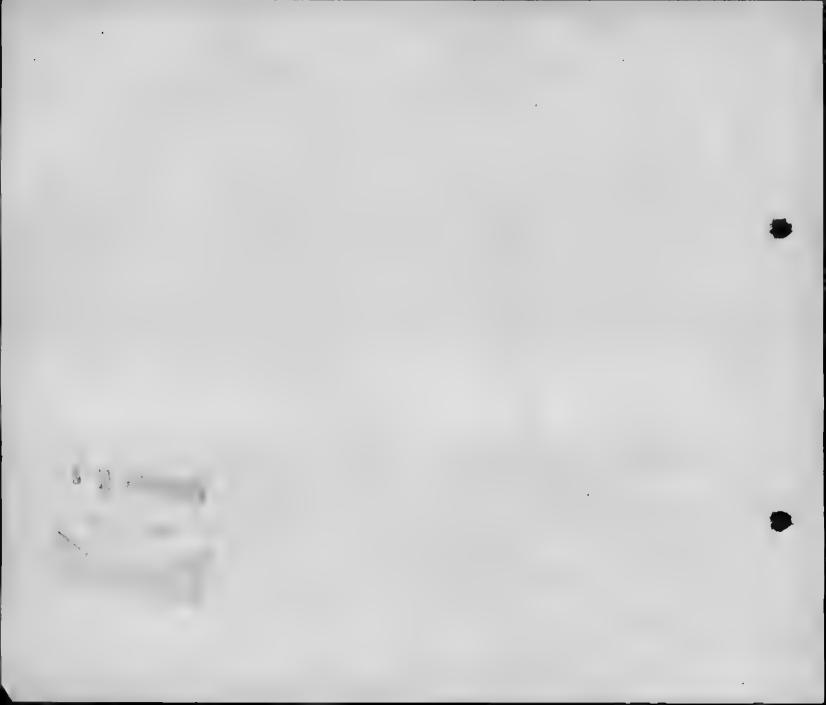
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VS. A15A - 5 - 53

# 99 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	3.7
MEDICAL	EARMINER S	CENTIFICATE	Or	DEATH	No

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	COUNTY Allegary Maryland	STATE 1.d. COUNTY Allega	3775
	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural) Cumberland  LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWNRural) Cumberland	
	HOSPITAL OR INSTITUTION OR STREET ADDRESS BOWling Green	STREET (If rural, give location)  ADDRESS  Rraddoc't Road.	,
	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day)	(Year)
	(Type or Print) Garland August	Phillips   DEATH Jan. 5	19 56
	male white (Specify) flarried Tov.	9. AGE last birthday: IF UNDER I YE 27-1919 36 yrs. Months Da	ys Hours Min.
/	Work done during most of work life, WIND OF BUSINESS OF WORK INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	Clarde Austin Phillips	Hary Langer	
	(Vas no perinka) (If Vas give were or dates of	17. INFORMANT & ADDRESS:	
1	yes service) W. 7. 2 220-10-0643	(wife)Jane Warren Phillips,(	rural) Cit
√ √	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause (a) Coronary occlus:	ion	sudden
	Antecedent cause(s) Coronary sclere	osis	?
	Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)		**
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
Marin 2	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No 1
	21m. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.		(State)
L	ZId. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M.   work   at work	21f. HOW DID INJURY OCCUR?	
1	22. I hereby certify that I took charge of the remains describ		
	find that death resulted from: Natural causes 1, Accid		
	SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
}	23. BURIAL CREMATION. DATE THEREOF I NAME OF CEMETER	M. D. ASSISTANT MEDICAL EXAM. TO J	an.3-1956
	REMOVAL (Specify):	. 1 1 - 1	ADDRESS
	11 6,195 - XIIINELK Trans, 10/D.	Muarier of Resign,"	



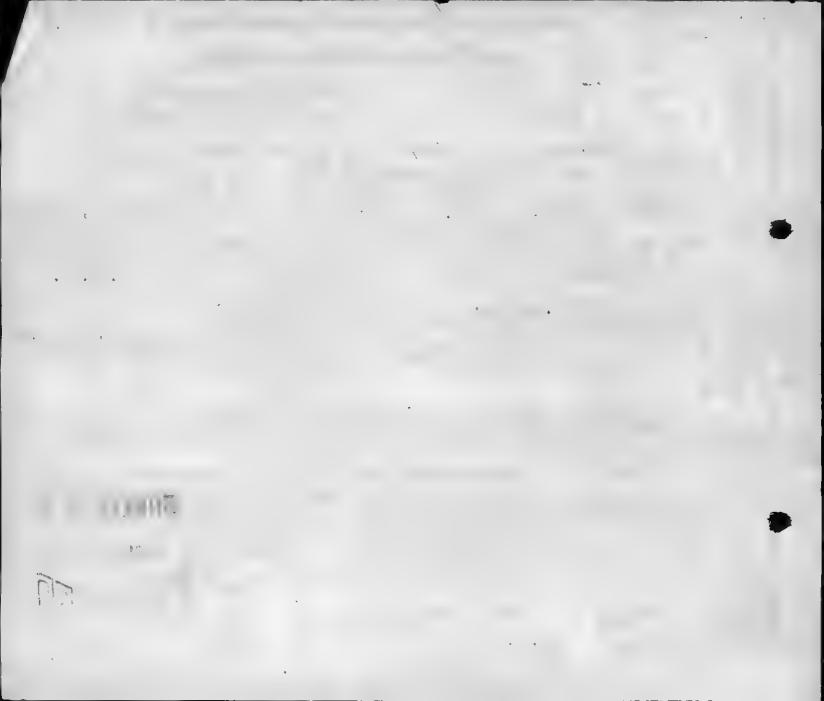
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# CERTIFICATE OF DEATH

	50	CERTIFICAT	IE OF D		ist. No.
1. PLACE OF			Z. USUAL RES	SIDENCE (HOME) OF DECEAS	ED
COUNTY	Allegan	y MARYLAND	STATE Mar	yland county All	egany
OR end give	de corporate limits, write RURAL e neerest town) mborland	LENGTH OF STAY (in this place) 9/28/117	TOWN W	sternport	neerest town)
HOSPITAL OR INSTITUTION O STREET ADDRES	Allegany Co	unty Infirmary	STREET ADDRESS	(if rurel give location	in)
3. NAME OF DECEASED	(First)	(Middle)	(Lost)	4. DATE (Month)	(Dey)
(Type or Print)	Evelyn		Price	DEATH Janua	гу 4.
Female	White (Sp	dowed, divorced, sective and section 3/	27/1903	9. AGE lest birthdey IF UNI  52 yrs. Month:	DER 1 YEAR IF UN
retired) HO	ATION (Give kind of work ost of working life, even if ) USOWIFE	Own Home	11. BIRTHPLACE (SIGNO Maryland		12. CITIZEN OF COUNTRY? U. S. A
13. FATHER'S NAM			14. MOTHER'S MA		
	John R. Ke			Klencke	
15. WAS DECEASED (Yes, no, or unk.) NO	DEVER IN U.S. ARMED FORCE (If Yes, give wer or detes of ser	rvice)	Allega	nt a ADDRESS ny County Infir	
1222.2	ONDITIONS DIRECTLY LEADING EDIATE CAUSE (A)	TO DEATH Chore	CERTIFICATION  Yyou	arditio	INTERVAL ONSET AN
DISEASES OR CON- GIVING RISE TO T STATING UNDERLY	CEDENT CAUSE(S) DUE TO IDITIONS, IF ANY, (B) HE ABOVE CAUSE INC. CAUSE LAST DUE TO	Tark	wsons	Disease.	84
	(C)	_ art	britis.	Deforman	0 ?
TO THE DEATH B	INT CONDITIONS CONTRIBUTION OF RELATED TO THE IDITION CAUSING DEATH.	6 ar	curon.	e left brea.	1
	ATION 19b. MAJO	R FINDINGS OF OPERATION		V	YES T
19a. DATE OF OPER					
	CAUSE OF DEATH OF INJ	PLACE (Home, ferm, fectory, JURY street, office bldg., etc.)	21c. WHERE DID INJURY	OCCUR? [City or lown] (C	ounty) (:
19a. DATE OF OPER 21a. ACCIDENT WA	CAUSE OF DEATH OF INJ	JURY street, office bldg., etc.)	21c. WHERE DID INJURY 21f. HOW DID INJURY		ounty) (
21e. ACCIDENT WAY OR CONTRIBUTING [IF EITHER, NOTIFY A 21d, TIME OF INJUR	COPTIFY that   attended	Houry 21e. INJURY OCCURRED While St work Start of Lawring Start of the deceased from the start of the deceased from the	21f. HOW DID INJURY 27019.52., 10,	Jan: 41, 1956, that	t I last saw the
21e. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY A 21d, TIME OF INJUR	CEPTIFY THAT I attended	Houry 21e. INJURY OCCURRED While St work Start of Lawring Start of the deceased from the start of the deceased from the	216. HOW DID INJURY 27019 52, 10, d at 2140 p. M, from	OCCUR?	t I last saw the

The law requires that the death certit INSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician.



the registrar within 72 hours after death. After this in by the Inneral director, the third copy of this

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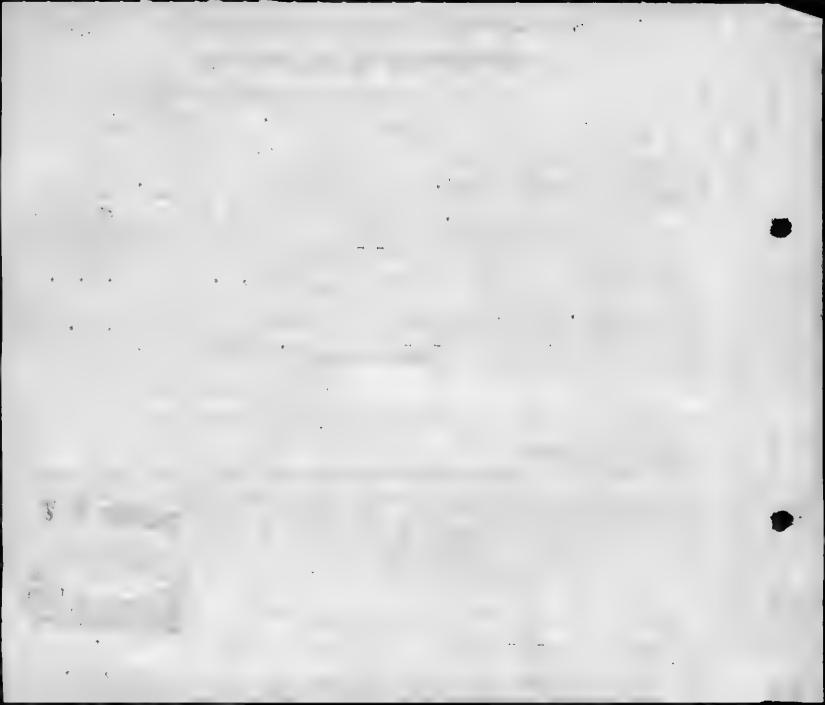
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TO FUNE LET DEFECTION The law requires that the death certificate the filed with certificate him seem exempled by the attending mystcian and completely littled death certificate assembly should be detached for use as a burial transit permit.

# 84 CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Allegany MARY	YLAND STATE Md. COUNTY Allegany
	OF STAY CITY (if outside corporate limits, write RURAL end give neerest town)
OR and give nearest town) (in this	s place) OR
HOSPITAL OR 40	yra fown Frostburg  STREET (H rural give focetion)
INSTITUTION OR	ADDRESS
STREET ADDRESS I83 McCulloh St.	I83 McCulloh St.
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Point) Vincent L.	Rockley DEATH I 15,56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, RACE WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS
M W (Spacify) Single	II-2-1909 46 yrs.   Months   Days   Hours   Min.
10e, USUAL OCCUPATION (Give kind of work   10b KIND OF BUSIN	IESS   11. BIRTHPLACE (State or (graigh country)   12. CITIZEN OF WHA?
done during most of working life, even if OR INDUSTRY	Frostburg Kifer, Md. U. S. A.
Employee   City of	14. MOTHER'S MAIDEN NAME
Vincent S. Reckley	Margaret Dailey
TS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S	
	8-I672 Mrs. Lottie Beva s, I83 McCulloh
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	EDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
1 // //	Almonia Al (Hostons 11 ms)
IMMEDIATE CAUSE (A)	anoma of openion of the
ANTECEDENT CAUSE(S) DUE TO	d l
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE GRATING LINING PLYING CAUSE LAST DUE TO	V
STATING UNDERLYING CAUSE LAST, DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATI	ION 20, AUTOPSY?
Ĵ	YES NO
21b. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fact) OR CONTRIBUTING   CAUSE OF DEATH (IF RITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Dey) (Yaar) (Hour) 21e. INJURY OC Whila	CURRED 214, HOW DID INJURY OCCUR?
	at work
22. I hereby certify that I attended the deceased from.	011/7 19/3 to 9 an 13 19.5 W, that I last saw the deceased
	th occurred at DIAP.M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, lowy, stele) DATE BIGNET
Inome Lane Me	M.O. FSONTOUNDU SUN 1616
REMOVAL (SPECIFY)	F CEMETERY OR CREMATORY LOCATION (City/town, or Egonty) (State)
Burial I-18-1956 Fros	stburg Memorial Bark Frostburg, Md.
24. REC'D BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 1-18-56 MILL MOULE IN A	Jacob Hafer Frostburg, Md.



within 24 hours after death.

TO INTERAL EIRESTERS The law requires that the death certificate be filled with mertificate assembly should be detached for use as a benut rensit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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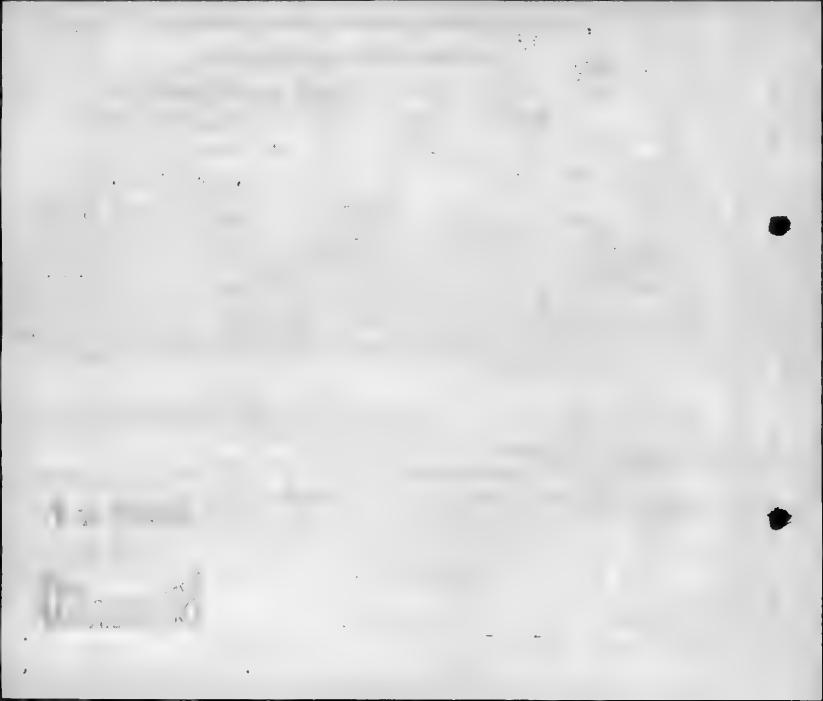
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### CERTIFICATE OF DEATH

Reg. Dist. No. 5

OR end give neerest town)  1 TOWN Cumberland  8/3/54  HOSPITAL OR  STREET	ete fimits, write RURAL end give neerest town)
CITY (If outside corporete limits, write RURAL OR end give neerest lown)  TOWN Cumberland  HOSPITAL OR  CITY (If outside corpored limits, write RURAL (ip this close)  OR end give neerest lown)  Frost  STREET	ete fimits, write RURAL end give neerest town)  burg  (If rural give location)
12 TOWN Cumberland 8/3/54 TOWN Frost	(If rural give location)
HOSPITAL OR STREET	(If rural give location)
THE CALL	
STREET ADDRESS Allogany County Infirmary ADDRESS RI.	. Machania St.
SIKEEL ADDRESS.	* 11001180170 DO *
3. NAME OF (First) (Middle) (Lest)	4. DATE (Month) (Dey) (Yeer)
(Type or Print) Louis Riley	DEATH January 7, 1956
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE OF BIRTH   5	. AGE lest birthdey   IF UNDER 1 YEAR   IF UNDER 24 HR.
Male White Specify Single 4/6/1883	Months Days Hours Min.
	∠ yrs,
done during most of working life, even if OR INDUSTRY	in country) 12. CITIZEN OF WHAT COUNTRY?
Tavern Owner Unknown	COUNTRY?
3. FATHER'S NAME 14. MOTHER'S MAIDEN N	IAME
Unknown Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT & A	DORFSS
(Var. no. or tink ) [If Yas give war or dates of sarvice]	County Infirmary Record
No None Allegany	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
E02 V	d)
immediate cause (a) hioric Thyrogensl	yes .
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS. IF ANY. (B)  CEREBERAL ARTERIA	osclerosia?
GIVING RISE TO THE ABOVE CAUSE DUE TO	· / · >
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	erro
TO THE DEATH BUT NOT RELATED TO THE	?
DISEASE OR CONDITION CAUSING DEATH.	,
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
216. ACCIDENT WAS UNDERLYING   216. PLACE (Home, ferm, fectory,   21c. WHERE DID INJURY OCCUR	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	· (Cuy or lower) (County) (Siera)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJURY OCCURRED 21f, HOW DID INJURY OCCUR	?
M. of work at work	
22. I hereby certify that Lattended the deceased from aug. 3, 1954, to Jan	cc. 7, 19.56, that I last saw the decease
alive on AUL 6 17, 19.56. , and that death occurred all 4.54.M, from the c	
5. nct 40 5.	IESS (Sireet, city, lown, stele) DATE SIGNE
James 6 12 rear M.O. TT ree	1-1-36
23. BURIAY, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial 1 - 10 - 56 St. Michael's Cemetery	Frostburg, Md.
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE   25. FUNERAL DIRECTOR'S	
DATE 1-10-56 Wenter R7 rout md Joseph R.	Durst. Frostburg. Md.

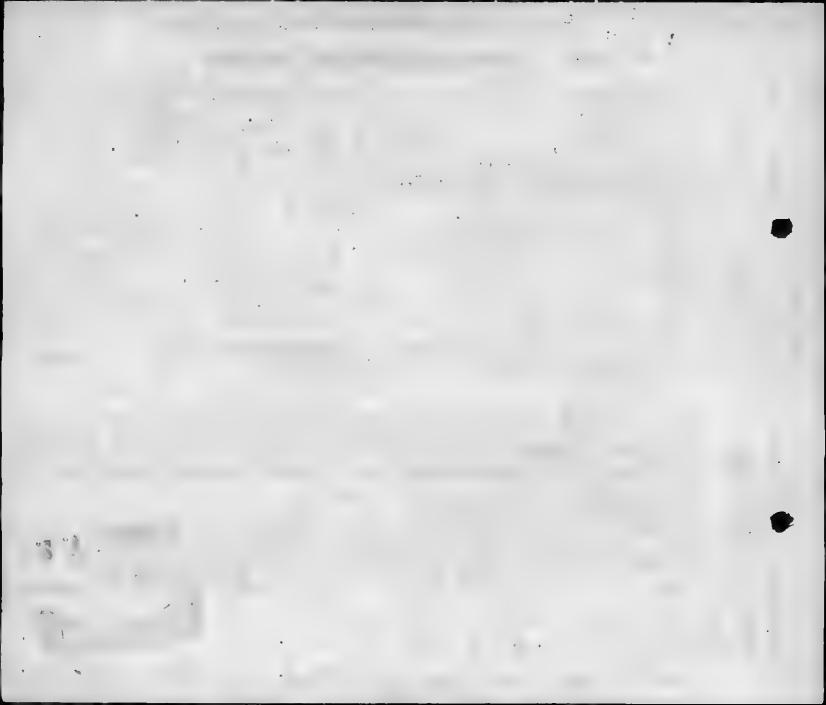


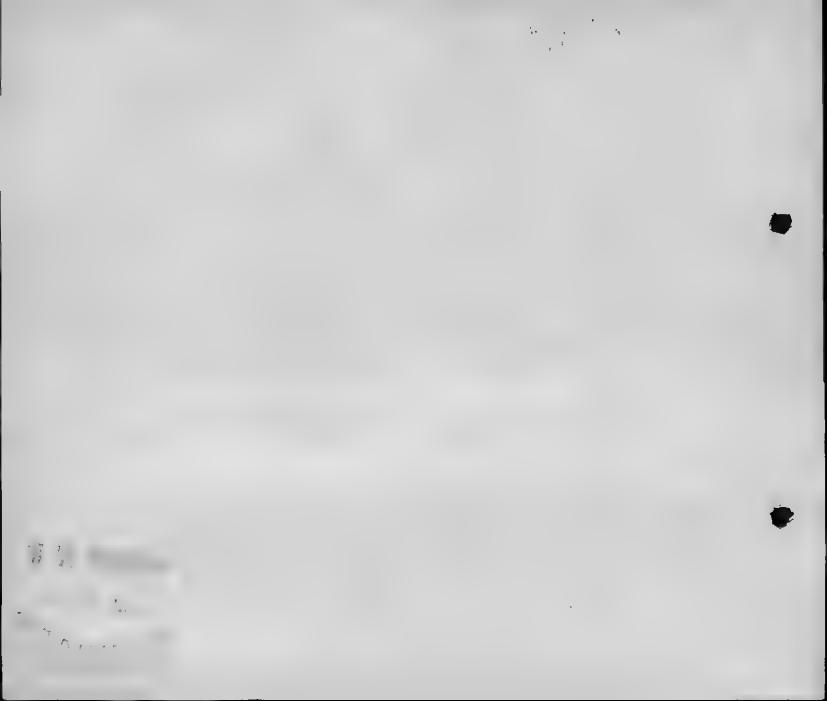
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### CERTIFICATE OF DEATH

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY ALLEGANY MARYLAND	STATE PENNA COUNTY BEDFORD
	COUNTY ALLEGANT MARYLAND  CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (M outside corporate limits, write RURAL and give nearest town)
	TOWN and COMBERCAND, (In the Plays	TOWN BRM BUFFALO MILLS. PA.
	HOSPITAL OR	STREET (W rurel give location)
	INSTITUTION OR MEMORIAL HOSPITAL  STREET ADDRESS  MEMORIAL & WARWICK AVES	ADDRESS (III failed give sociation)
	3. NAME OF (first) (Middle)	(Lest) 4. DATE (Month) (Day) (Year)
	DECEASED	OF
	DIVOCE C.	ROBERTSON DEATH JAN. 7 1956
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED 8. DATE OF WIDOWED, DIVORCED, (Specify) MARRIED NOV	Months Deys Hours Min.
		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
1	done during most of working life, even if OR INDUSTRY	COUNTRY?
1	FAMMER OWN FARM	BUFFALO MILLS, PA.   USA
	ANDREW ROBERTSON	
		CARRIE MAY
A	[Yas, no, or unk.) (If Yes, give wer or detes of service)	17. INFORMANT & ADDRESS
ď	No 161512=6058	MEMORIAL HOSPITAL
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (A) Caremona of	aucheas alproy 6 mouth
	ANTECEDENT CALISERS) DUE TO C.	
	DISEASES OR CONDITIONS, IF ANY, (B) Louis at all of the	uncil- Vilelaciases
	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST, DUE TO	
	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH.  193. DATE OF OPERATION 1 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1	Nov 9, 1955 Careinonia Peneneas.	eenthe metastase's toliver YES NO 18
	21b. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory, 21 OR CONTRIBUTING ☐ CAUSE OF DEATH (IF ITHER, NOTIFY MEDICAL EXAMINER)	c. WHERE DID INJURY OCCUR? (City or town) (County) (Slete)
		11. HOW DID INJURY OCCUR?
	M. et work st work	
	22. I hereby certify that I attended the deceased from Nou 2	19.55, to JAN 1, 19.56, that I last saw the deceased
	alive on JAN 7, 19.56, and that death occurred at.	A.M. from the causes and on the date stated above.
10M	SIGNATURE	ADDRESS (Street, city, town, state)
55 1	They her territo M.D.	Centurbaced 211d Jan 7 1956
j	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	
A15	Burial Jan. 9, 1956 Trinity Ref	formed Cem. Mann's Choice, Pennsylvania.
2	24) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	(an) a 10-1/ /11-to /-b- + m)	Hammer W Zairlan Hundman Pennsylvania.





#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### 54 CERTIFICATE OF DEATH

w <b>l</b> ug	ជ ស្លិធ្លិ១៤៧	MARYLAND STATE DEPARTMEN	TO OF HEALTH-BALTIMORE, 18	00061
after o	After y of	54 CERTIFICATE	OF DEATH	00081
io vs	death. A	54 CERTIFICATE		4
710	third	1. PLACE OF DEATH	Reg. Dis	
, 1	ţ,		2. USUAL RESIDENCE (HOME) OF DECEASE	
· × · £	6.0	COUNTY Allegany MARYLAND  CITY (If outside corporate limits, white RURAL   LENGTH OF STAY	STATE Marry and COUNTY All CITY (If outside conforce limits, write RURAL and give no	eren town)
within		OR end give nearest town) [In this place) TOWN Cumberland 23 days	or Town Rawlings	У
Per		HOSPITAL OR INSTITUTION OR	STREET (We rural give focetion	
executed	within funeral	3. NAME OF (First) (Middle)	Rt. 220 at Rawlings	
peq	e e e e e e e e e e e e e e e e e e e	DECEASED	OF	(Dey) (Yeer)
	by the	JOSEDA SKO	ellev lan.	28 1956 ERTYEAR   IF UNDER 24 HRS
上涯	the ri	Male White Widowed Feb.	12 1872 83 yrs. Months	Doys Hours Min.
ي / ا	.075	done during most of working life, even if OR INDUSTRY		12. CITIZEN OF WHAT
ra D	ed with y filled permit.	retired Retired farmer Farm owner	New Baltimore, Penna,	U.S.A.
X å			Rachae1	
F ag	rsician. ate be fii complete st transit	John Skelley  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
<b>3</b> §	~ U ~	(Yas, no, or unk.) (Il Yas, give wer or dates of service)	Mr. Harry Skelly Cumberla	
NSTRUCTIONS W requires that the	26 Per 26	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	ONSET AND DEATH
Z	as as	· / IMMEDIATE CAUSE (A) <u>Uremia</u>		21 Days
투	for athe the degree or use	DISEASES OR CONDITIONS, IF ANY, (B) Gangrana, right fo	a at	23 Days
7	= ± 65	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO		
OSPITA	by the hospital of requires that the the attending the detached for	(c) Severe myocardial	disease, coronary arteriosele	
SO	는 집으고 1	TO THE R SIGNIFICANT CONDITIONS CONTRIBUTING PORTUPATED TO THE DEATH BUT NOT RELATED TO THE PERIOD PORTUPATED TO THE PERI	er insufficiency	? ? ?
2	5 7	January 20, 1956 Gangrene, Rt. foot,	Monckeberg's sclerosis	20. AUTOPSY? YES NO X
	retained b tanged by should by		<del>-</del>	unty) (Stata)
A.	TOR example, limited by the second se	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED White Not while at work at work	211. HOW DID INJURY OCCUR?	
Ě	Y may IRECT been been	22. I hereby certify that I attended the deceased from Jane 28, 19 56		I last saw the deceased
940		alive on Jane 28, 19 56 , and that death occurred at	ADDRESS (Speed, city, town, stets)	ed above.
E		Samere Junton M.D. 5	o Perspeny Str Lembroling,	Jud 1/30/56
5	FUNERAL certificate had death certific	23. BURIAL, CREMATION CATE THEREO NAME OF CEMETERY OR		ly] (Slate)
0	de de	Buria1 1/31/56 St. Ambrose  24 REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	Cem. Cresaptown, Ma	aryland Abbress
-	- >	Jan 31. 1956 Thinter & Branto M. A.	Charles L. George Cumbonlan	



executed w

The law requires that the death certifi-NSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician. IN OR HOSPITAL

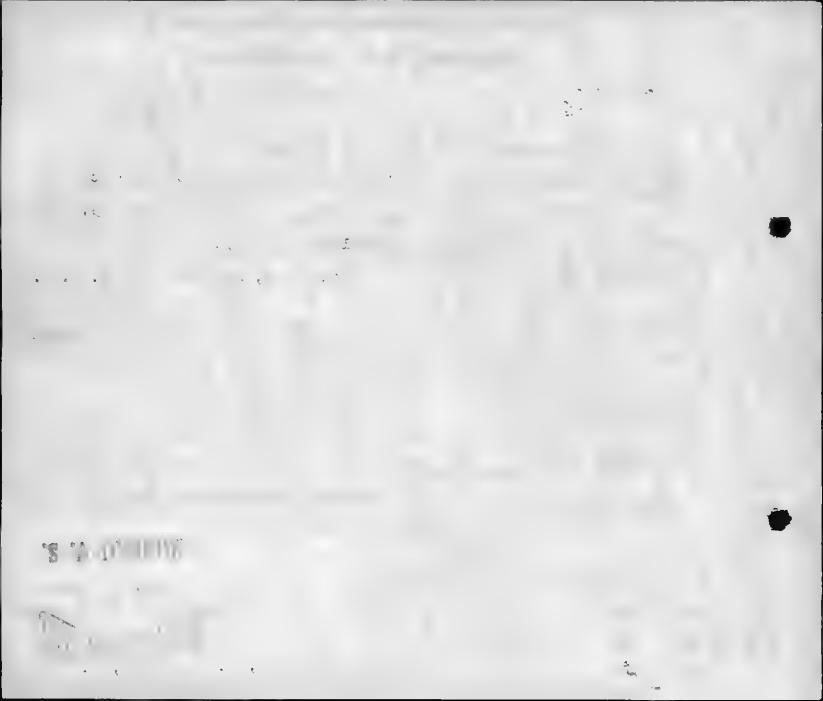
ATTENDING PHYSI

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00082

# CERTIFICATE OF DEATH

+	55	CER'	TIFIC	ATE	OF [	EA.	ГН	Reg.	Dist. No.	4.
1. PLACE O					2. USUAL F					
COUNTY	All	egany	MARYLA	ND I	STATE Ma	rylan	id co	INTY Al	legan	У
CITY (If ou	tsida corporate limits, write	RURAL	LENGTH OF S	TAY					re nearest lown	
TOWN TOWN	Cumber	land	10/8/	755	TOWN (	lumber	land			
HOSPITAL O					STREET ADDRESS		(if s	ural give loc	stion)	
STREET ADDI	RESAllegany	County	Infirms	ary	ADDRESS (	07 Wa	shing	ton S	treet	
3. NAME OF		(	(Middle)	{L	est)		4. DATE	(Month)	[Day]	(Year)
(Type or Print		Vi	rginia	S.	loan		DEAT	Janu	ary 5	, 195
5 SEX	6. COLOR OR	7. SINGLE, MARRIE WIDOWED, DIV	ED,	8. DATE OF B	IRTH	9.	AGE last birth		INDER 1 YEAR	IF UNDER 2
Female	White	(Specify) W1	dow	10/1/1	1862		93	yrs. Mor	nths Deys	Hours
100. USUAL OCC	UPATION (Give kind of w	vork 1 10b. KIN	D OF BUSINESS	, 11.	BIRTHPLACE (SI	ate or foraign	country)		12. CITIZI	EN OF WHA
	most of working life, eve Ious ewife	IN II	INDUSTRY	To	ong Gre	en. M	ופויטיופו	nđ		S. A
13. FATHER'S NA		100	a jayana		14. MOTHER'S			I CA	1 0 0	D . A.
	Dixon	Connolly				Eliza	heth	Go	rsuch	
15. WAS DECEA	SED EVER IN U. S. ARME	D FORCES?   16.	. SOCIAL SECURI	ITY NO.	17. INFOR	MANT & ADD				
(Yes, no, or upk)	(If Yas, give war or da	tes of service)	None		1 2 2 2		and the second	70-01		
I DISEASES OR	CONDITIONS DIRECTLY L	LEADING TO DEATH		CAL CERTII		gany O	ounty	Inri	INII	ERVAL BETW
374 M	AMEDIATE CAUSE  RECEDENT CAUSE(S)	(A) DUE TO PO		CAL CERTIF		loo	rge	stro	INII	ERVAL BETW
3 7 4 AM	AMEDIATE CAUSE  TECEDENT CAUSE(S)  ONDITIONS, IF ANY,	(A)		mal certification		0	nger	Signe	INII	ERVAL BETW
DISEASES OR CO	AMEDIATE CAUSE  FECEDENT CAUSE(S)  ONDITIONS, IF ANY,  THE ABOVE CAUSE LYING CAUSE LAST.  CANT CONDITIONS CON  BUT NOT RELATED TO TO  ONDITION CAUSING DEA	(A)  OUE TO CLUC  (B)  OUE TO CLUC  (C)  (C)  (C)  HE  TH.	Pul Pul nic Chrp	me		0	ial of socle	Sequel 1000	INTION	erva. Between Set and de.
DISEASES OR CONTROL OF THE PROPERTY OF THE PRO	AMEDIATE CAUSE  FECEDENT CAUSE(S)  ONDITIONS, IF ANY,  THE ABOVE CAUSE LYING CAUSE LAST.  CANT CONDITIONS CON  BUT NOT RELATED TO TO  ONDITION CAUSING DEA	(A) OUE TO CLUC (B) OUE TO (C) ICS ITRIBUTING HE	Pul Pul nic Chrp	me Cal GERTIN		0	ingerial de sele	Seque	INTI ON	erva. Between Set and de 16 14 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
DISEASES OR CONTRIBUTION  DISEASES OR CONTRIBUTION  LET OTHER SIGNIF  TO THE DEATH  DISEASE OR CONTRIBUTION  210. ACCIDENT  OR CONTRIBUTION	AMEDIATE CAUSE  FECEDENT CAUSE(S)  ONDITIONS, IF ANY,  THE ABOVE CAUSE LYING CAUSE LAST.  CANT CONDITIONS CON  BUT NOT RELATED TO TO  ONDITION CAUSING DEA	(A)  OUE TO CLUC  (B)  OUE TO CLUC  (C)  (C)  (C)  HE  TH.	Pull Pull Chro	mal		local terior	ial de	Sque	INTI ON	erva. Between Set AND DE
DISEASES OR C'GIVING RISE TO STATING UNDER TO THE DEATH DISEASE OR C 19a. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIF) 21d. TIME OF INJ	AMEDIATE CAUSE  IECEDENT CAUSE(S)  ONDITIONS, IF ANY,  THE ABOYE CAUSE LYING CAUSE LAST.  ICANT CONDITIONS CON  I BUT NOT RELATED TO TO  ONDITION CAUSING DEA  PERATION  WAS UNDERLYING  G CAUSE OF DEATH  I MEDICAL EXAMINER  URY (Month) (Dey) (	(A) OUE TO (B) OUE TO (C) ITRIBUTING HE ITH.  AMAJOR FINDINGS  21b. PLACE (Homa OF INJURY street, o Whit M. at we	OF OPERATION  a, farm, factory, office bidg., etc.)  INJURY OCCURRE  Not work  et work	me 21c.	nary your	loc de la	ial de	Seque	INTI ON ON	PRVAL BETWASET AND DE
DISEASES OR C'GIVING RISE TO STATING UNDER TO THE DEATH DISEASE OR C 19a. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIF) 21d. TIME OF INJ	AMEDIATE CAUSE  FECEDENT CAUSE(S)  ONDITIONS, IF ANY,  THE ABOVE CAUSE LYING CAUSE LAST,  CANT CONDITIONS CON  BUT NOT RELATED TO TO  ONDITION CAUSING DEA  PERATION  19b.  WAS UNDERLYING   CAUSE OF DEATH  MEDICAL EXAMINER  URY (Month) (Dey)	(A) OUE TO (B) OUE TO (C) ITRIBUTING HE ITH.  AMAJOR FINDINGS  21b. PLACE (Homa OF INJURY street, o Whit M. at we	OF OPERATION  a, farm, factory, office bidg., etc.)  INJURY OCCURR  a or work of work of work of the w	The rate 216.	WHERE DID INJU	Lecie politica politi	ingerial of cle	Seguel Seguel	INTI ON	RVA. BETW SET AND DE 16 16 17 17 17 17 17 17 17 17 17 17 17 17 17
DISEASES OR CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION (IF EITHER, NOTIFY 21d. TIME OF IN)  22. I hereb  alive oppositions of the contribution o	AMEDIATE CAUSE  TECEDENT CAUSE(S)  TECEDENT CAUSE(S)  TO NOTIONS, IF ANY,  THE ABOVE CAUSE  LYING CAUSE LAST,  CANT CONDITIONS CON  BUT NOT RELATED TO TO  TO NOTION CAUSING DEA  PERATION 19b.  WAS UNDERLYING 1  MAS UNDERLYING 1  MEDICAL EXAMINER;  URY (Month) (Dey)  W CERTIFY that 1  THE	(A) (B) (C) (C) (TRIBUTING HE T.H.  AMAJOR FINDINGS  (Yeer) (Hour) (Yeer	OF OPERATION  That work of the death of the	21c. RED 21f. thila rk et 8 //	WHERE DID INJUDIO 1955	TENER PRESENTATION THE CAU APPRE	(City or town)  (City or town)  see and on  se (Street, de	the date by, town, the	22 YES (County)	PRIVAL BETWASET AND DE 16 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
DISEASES OR C'GIVING RISE TO STATING UNDER TO THE DEATH DISEASE OR C 19a. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIF) 21d. TIME OF INJ	AMEDIATE CAUSE  IECEDENT CAUSE(S)  ONDITIONS, IF ANY,  THE ABOYE CAUSE LYING CAUSE LAST,  ICANT CONDITIONS CON  IBUT NOT RELATED TO TO  ONDITION CAUSING DEA  PERATION  WAS UNDERLYING  G CAUSE OF DEATH  MEDICAL EXAMINER  URY (Month) (Day)  TO CEPTERY that 1 ST	(A)  OUE TO  (B)  OUE TO  (C)  STRIBUTING  HE T.H.  AMAJOR FINDINGS  21b. PLACE (Homa OF INJURY street, o  (Yeer) (Hour) 21s.  Whit M. at wo	OF OPERATION  of tarm, factory, office bidg., etc.)  INJURY OCCURR  of and an	21c. RED 21f. rhila processor of the course	WHERE DID INJUDE	terice  for the cau  ABBRE  Dr	ial de cole chie	the date by, town, the	22 YES (County)	RVA. BETW. SET AND DE  7  7.  0. AUTOPSY  (Stata)
DISEASES OR C'GIVING RISE TO STATING UNDER TO THE DEATH DISEASE OR C 19a. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIF) 21d. TIME OF INJ	AMEDIATE CAUSE  TECEDENT CAUSE(S)  TECEDENT CAUSE(S)  TECEDENT CAUSE(S)  THE ABOVE CAUSE  LYING CAUSE LAST.  CANT CONDITIONS CON  BUT NOT RELATED TO TO  TONDITION CAUSING DEA  PERATION  WAS UNDERLYING        TABLICAL EXAMINER]  URY (Month) (Dey)  TERM  MATION, DATE  SPECIFY  TERM  TERM  TERM  DATE  MATION, DATE  SPECIFY  TERM  T	(A) (B) (C) (C) (TRIBUTING HE T.H.  AMAJOR FINDINGS  (Yeer) (Hour) (Yeer	OF OPERATION  of tarm, factory, office bidg., etc.)  INJURY OCCURR  of and an	21c.  RED 21f.  while 1 file  ccurred at.  M. D.  METERY OR CRI	WHERE DID INJUDIO 1955	terice  for the cau  Appre	ical de social de como	the date ty, town, per ty, town, or or	22 YES (County)	O. AUTOPS)  O. AUTOPS)  O. Stata  O. AUTOPS  O. Stata



REGISTRAR'S SIGNATURE

Burial

REC'D BY REGISTRAR

S

(State) 1'eb.2.1956 Zion Memorial Park Cumberland. 25. FUNERAL DIRECTOR'S SIGNATURE John J. Hafer, 'unberland, "aryland

(Year)

195 6

LIE UNDER 24 HRS

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

NO L

(Stete)

YES |

37

COUNTRY?

S.



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE OF DEATH

	MARYLAND	STATE DEP	ARTMEN	T OF H	EALTH-B	ALTIMORE,	18	UUU	JO#
, 100	C	ERTIFIC	ATE	OF	DEA		Reg. Dist	l. No	9
I. PLACE OF DEATH				2. USUA	L RESIDENC	E (HOME) OF	DECEASE	D	
COUNTY Alleg	any	MARYLA			Marylan		Alle		
CITY (If outside corpor OR end give necrest	ete limits, write RURAL town}	LENGTH OF		OR .		ta limits, write RURAL	. and give nee	resi lown)	
Town Eckhar	t	19 y	rs.	TOWN	Eckhar!	t			
HOSPITAL OR INSTITUTION OR STREET ADDRESSR	. #2, Fros	tburg, Md		STREET ADDRES			give (ocelion)	44.0	
3. NAME OF	(First)	(Middle)		(Lost)	R.D. #	A. DATE (N	lonth)	(Day)	[Yeer]
Type or Print)	lvin La	wrence	Smor	188		OF DEATH	7	18	1956
S. SEX   6. COL	OR OR   7. SINGLE	MARRIED.	8. DATE OF		9.	AGE lest birthday	IF UNDE	RIYEAR	IF UNDER 24 HR
Male Whi	te (Specify	Married	I -	28 -	1913	42 yr	Months	Deys	Hours Min.
10e. USUAL OCCUPATION (	Give kind of work 1	Ob. KIND OF BUSINESS OR INDUSTRY			CE (Slete or foreign	country)	1	COUN	N OF WHAT
retired Salesm	an	Food Comp	any	Frost	burg			U.S.	A.
13. FATHER'S NAME				14. MOTE	HER'S MAIDEN NA	AME			
John	L. Smouse				a Jenk				
15. WAS DECEASED EVER H		16. SOCIAL SECU	RITY NO.	17. W	FORMANT & AD	DRESS	Fros	tbur	g. Md.
(Yas, no, or unk.) (If Yas,	give wer or detes of service) None	216-09-3	821	irs.	Melvir	n Smouse			
I DISEASES OR CONDITION		18. MED	ICAL CER					INTE	ET AND DEATH
into a f		Posan	111	4/1	and hear	11-		12	Les
IMMEDIATE C		CA COTTU	7	pro	77076	7			
ANTECEDENT O	. IF ANY. (B)								
GIVING RISE TO THE ABO STATING UNDERLYING CA	VE CAUSE USE LAST, DUE TO								
11 OTHER SIGNIFICANT CON	(C)							_	
TO THE DEATH BUT NOT	RELATED TO THE								
19e. DATE OF OPERATION		DINGS OF OPERATION			······			2	AUTOPSY
								YES	Land   1.00.1
218. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	OF DEATH OF INJURY	E (Home, ferm, fectory street, office bldg., etc.		ic. WHERE DID	INJURY OCCUR?	(City or town)	(Cou	nty)	(State)
21d. TIME OF INJURY (Mo	nih) (Day) (Yeer) (Hour M.		while	If. HOW DID	MURY OCCUR?	,			
22. I hereby certif	v that I attended the	deceased from	n 18	1956	10 7001	18 19. 4	? that I	last sav	w the decease
alive on Tun	16 1256	, and that death	occurred at.	DEPM	, from the ca	uses and on the	date state	ed above	e,
Wim	1 / 100	mo		Es	ATT /C	ESS (Street, city, to	own_stete}	Dan	20195
23. BURIAL, CREMATION,	DATE THEREOF	NAME OF C	EMETERY OR	REMATORY	100	LOCATION (City, to	own, or count	1	(State)
REMOVAL (SPECIFY) Burial	1 - 21	-56 Eckha	rt Cer	natane		V			Ha
24. REC'D BY REGISTRAR	REGISTRARYS SIGN	NATURE /	7 001	25. FUNERA	AL DIRECTOR'S SI	Eckhart IGNATURE DE LE	Mos	ADDRESS	_lld.
DATE 1-21.50	o Heen Ma	11011 81.	Raz.	Bental	H. Morita	. 8	. Mai	Mo	1 -
	100	V V							

TO ATTENDING PHYSICAM OR HOSPITAL: The law requires that the death certify The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

be executed within 24 hours after death.



the registrar within in by the funeral

a burial transit permit.

TR HUSPITAL The law requires that the death certifi

TO FUNERAL DIRECTOR: The law requires that the death certificate be film with certificate has been executed by the attending physician and completely filled

certificate has been executed by the attending physician death certificate assembly should be detached for use as a

A15C 1-55 10M

The bottom copy may be ratained by the hospital or attending physician.

**ATTENDING PHYSIC** 

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE OF DEATH

00085

Reg. Dist. No. . . .

1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (HOME) OF D	ECEASED	
COUNTY ALLEGANY MARYLAN	ND	STATE MARYLA	ND COUNTY	GARRET	r
CITY (If outside corporate limits, write RURAL LENGTH OF 5 OR end cive peacest town)		CITY (If outside corpo	nd give neatest town		
FOWN ON CUMBERICAND 6" BAYS	5"		TSVILLE, r	ural (Jer	nnings)
HOSPITAL OR		STREET ADDRESS		ve location)	
INSTITUTION OR MEMORIAL HOSEPTAL		ADDRESS		1.4	*
3. NAME OF (First) (Middle)	(1	Last)	4. DATE (Mor	ith) (Day)	(Year)
(Type or Print) : ELMER	SN	YDER	DEATH J	AN I	7 19 56
	8. DATE OF E	BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS
MALE WHITE (Specify) WIDOWED	JAN 2	29. 1900	EE yn.	Months Days	Hours Min
13 USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS		BIRTHPLACE (State or forei	gn country)		N OF WHAT
done during most of working life, even if OR INDUSTRY Lutilitierman and Sawyer Odd jobs		MARYLAND			JSA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		3,522
AUGUST SNYDER		MARY	E BITTINGER		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI	ITY NO.	17. INFORMANT & A	ADDRESS		
Yes, no, or unk.] (M Yes, give wer or dates of service) 212-18-100	02	Memorial H	ospital		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CAL CERTI				RVAL BEIWEEN SET AND DEATH
	l. i.	,		0	VET 75110 0 0 0 751111
. IMMEDIATE CAUSE (A)	128-12-12				
ANTECEDENT CAUSE(S) DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO					
(C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
194. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION				_	O. AUTOPSY?
					□ NO □
216. ACCIDENT WAS UNDERLYING ☐ 216. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY streat, office bidg., etc.) [IF EITHER, NOTIFY MEDICAL EXAMINER]	Z1c.	WHERE DID INJURY OCCUI	R? (Cily or town)	(County)	(Stata)
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURR While Not w		HOW DID INJURY OCCU	R?		
M. et work at wor			/		
22. I hereby certify that I affended the deceased from		, 19 J C., to			
alive on	courred at				
SIGNATURE			RESS (Street, city, tow	rn, siete)	La (7.
23. BURIAL CREMATION. I DATE THEREOF I NAME OF CEL	M.D.	emboland	LOCATION (City, tow	n or country)	[State]
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEN	Family	EMAIORE	LOCATION (City, fow	ii, or county)	(31444)
BURINE   Jan. 21, 1956 Snyde	r Cemet	ery	near Jenn	ings, Mary	land.
24 REGISTRAR REGISTRAR'S SIGNATURE	mx	25. FUNERAL DIRECTOR'S.	SIGNATURE	ADDRESS	1.1.
DAM, 20, 193 6 /// MIDS K TRANK,	11/2	Him Tuller -	1/61. 73. Cem	- x-ince way	recentlia

S' 'A Creen



ADDRESS Keyser,

Thin corporate limits

be executed within 24 hours after

The law requires that the death Certifi

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed The bottom copy may be retained by the hospital or attending physician.

copy

72 hours after death. director, the third, cop

CERTIFICATE OF DEATH 59

	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Allegany MARYLAND	STATE Maryland county Allegany
CITY (If outside corporate limits, write RURAL (In this place) TOWN Cumberland lyr. 9mo.	CITY (If outside corporate fimits, write RURAL and give nearest lown) OR TOWN RANTINGS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sylvan Retreat	STREET (If rurel give location) ADDRESS
3. NAME OF (First) (Middle) DECEASED Tolons on	(Lest) 4. DATE (Month) (Day) (Year)
(Type or Print) Simon Johnson Sp	pencer DEATH January 26 156
S SEX 6. COLOR OR 7, SINGLE, MARRIED, 8. DATE (	
M RACE W WIDOWED, DIVORCED, Augus	st 29, 1873 82 yrs Months Deys Hours Man
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Man 10b. KIND OF BUSINESS OR INDUSTRY B. & CO.	11. BIRTHPLACE (State or foreign country) Mineral Co., W. Va.  12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ferome H. Spencer	Susan C. XXXX Fleek
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, no, or unk.) (# Yes, give wer or detes of service)	17. INFORMANT & ADDRESS
No	Stanley Spencer(son) Keyser, W. Va.
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION INTERVAL BETWEEN
MAMEDIATE CAUSE (A) VIII CE	ceanary Trypostasis 36 km
IMMEDIATE CROSE (A)	
DISEASES OR CONDITIONS, IF ANY, (B)	myocardial Defecciation?
STATING UNDERLYING CAUSE LAST, DUE TO COLORER (C)	arterios cleroses?
TO THE DEATH BUT NOT RELATED TO THE  D SEASE OR CONDITION CAUSING DEATH.	psychosis 21 mos
194, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) (FEITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21a. INJURY OCCURED While Not while at work et work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from April 8	8 1954, to January 261956, that I last saw the decease
alive onJan. 25, 19.56, and that death occurred a	at 9:30 AM, from the causes and on the date stated above.
Saus & n. Lean M.D.	ADDRESS (Sires, city, lown, state)  49 Neces 1-26-50
23. BURIA., CREMATION, DATE THEREOF NAME OF CEMETERY OR	(Siele)
Burial 1/29/56 Queens Po	oint Cem. Keyser W. va.
24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	2S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

BUBELU V. S.

901 I 834

DECENA ELL

ATTENDING PHYS, ALN OR HOSPITAL: The law requires that the death certif. The bottom copy may be retained by the hospital or attending physician.

VSQ45C 1-55 10M

INSTRUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### 10% CERTIFICATE OF DEATH

00088

1. PLACE OF DEATH		2. USUAL RESIDE	ICE (HOME) OF DECE	ASED	
COUNTY Allegary MARY	YLAND	STATE 1877	land county	llegar	777
CITY (If outside corporete limits, write RURAL   LENGTH	OF STAY	CITY (if outside corpo	rate limits, write RURAL and giv	e nearest town)	J
OR end give neerest lown) TOWN Ves cripport rural 22	I PS	TOWN!	ternnort ri	l n n l	
HOSPITAL OR		STREET	(Il rural giva foce	ition)	
STREET ADDRESS 1 mile N of Lestern	nunt	ADDRESS	:1.	4	
3. NAME OF (First) (Middle)	101,1	(Laxi)	4. DATE (Month)	Day)	(Yeer)
THE BOWLE	C .		OF T		
(Type or Print) Leona Atholine	Ster	renson	081	<del></del>	19 5
SEX 6. COLOR OR 7. SINGLE, MARRIED, RACE WIDOWED, DIVORCED,	8. DATE C	OF BIRTH	9. AGE lest birthdey IF L		Hours L Mir
Fonale Thite (Specify) arried	-115 Ju	ly 1881	74 yn.		
0s. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	VESS	11. BIRTHPLACE (Stella or fore	ign country)	12. CITIZEI COUN	OF WHAT
relired A ome stic own her	me	Hanningto	n W. Va	IIS	****
FATHER'S NAME	1	Manningto	NAME		
		7-11-	T 0 0 0 0		
5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL S	ECURITY NO.	79778	ADDRESS		
You may not such to I life Yes, other suprior detectof conviced				1 0	7
None			t. Vinson, as	111 2	A DOTE
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	EDICAL CEI	RTIFICATION		ONS	ET AND DEATH
* I murpler enter the Clareline 1	TT-m-	ala a ma			Shrs
MMEDIATE CAUSE (A) Corbral	Hemor.	GTERR			-
	on Scl	annaia			5 <b>yrs</b>
CIVING DICE TO THE ABOVE CALLSE		n Essential			Io yr:
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.  196. DATE OF OPERATION  196. MAJOR FINDINGS OF OPERAT	ION			20	. AUTOPSY?
				YES	□ NO □
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fec CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., IF EITHER, NOTHEY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCU	R? (City or lown)	(County)	(State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OC While	Not while at work	21. HOW DID INJURY OCCU	R?		
22. I hereby certify that I attended the deceased from live on	Dec	, 1954, to t. 12.50%, from the	Jan 2., 1956., to	nat I last sav	v the deceas
SIGNATURE 11/10				T /	
Land Ville ducky/10"	M.D.	Piedmo		1/:	5 /56
REMOVAL (SPECIFY)	OF CEMETERY OR	CREMATORY	LOCATION (City, fown, or o	county)	(State)
	nomina	on Com	-Bloomingto	m a	
Durie Jan 5 53 Bl	oourin.	25, FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	
wis 1-1-5-6 has and C. 1600.	17	16 1/1/2		sternr	1



MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF 1	HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 9
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Allegany MARYLAND	STATE 17. COUNTY Allegan	¥ F
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN I POSULUIT LENGTH OF STAY	CITY (If outside corporate limits write RURAL and OR TOWN POSTburg	
HOSPITAL OR INSTITUTION OR STREET ADDRESS liners Fospital	STREET (If rural, give location) ADDRESS 41 Manle 5t.	/
8. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day)	(Year)
DECEASED: (Type or Print) l'agr	ewart DEATH Jan. 22	19 55
(Type or Print)  5. SEX:  6. COLOR OR WIDOWED, DIVORCED, S. DATE (Specify) manning of the color	E OF BIRTH: 9. AGE last birthday: IF UNDER 1 YE	
forale write (Specify) married ar	1-1886 69 yrs Months Day	ys   Hours   Min.
work done during most of work life.   INDUSTRY:		CITIZEN OF WHAT COUNTRY?
even if retifed) usewife	Frostburg 1'd.	G.A.
IS. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Henry Hartig	Hannah Scholl	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
no service) none	(son) Ral h Diewart, Postbur	
	AL CERTIFICATION	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a) Urenia	O Material manufacture in the control of the con	3 days
Antecedent cause(s)  Dishotor mollity		
Antecedent cause(s)  Diseases or conditions, if any, (b) Diahetes mellity giving rise to the above cause DUE TO APTERIOSCIEPOS		3 yrs,
giving rise to the above cause DUE TO ATUCK ASCLOTOS:	is with himertention	, -
stating underlying cause last (c) "lock due to a	tall	4 days.
TO THE DEATH BUT NOT RELATED TO THE PACTURE DISEASE OR CONDITION CAUSING DEATH.	of left femur, sur ical nec	- 4 days.
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
B. STATISTINATE CAPTURE WAR LOSS TO ACT OF ACT	1 0 (0)	Yes No I
21b. PLACE (Home, farm, factory, PRIMARY or CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.	(County)	(State)
21d. TIME (Month) (Day) (Year) (Howr)   21c. INJURY OCCURRED	21f. How bid injury occurrializing d	
OF While at Not while INJURY Ton 12-1056 AM. work □ at work □	Coll down 2 attend to this	o'm Stairs
22. I hereby certify that I took charge of the remains describ	Foll down 3 stops to lite bed above, held an Autopsy []. Inspection, [].	Inquiry D. and
find that death resulted from: Natural causes 3, Accid	dent 🗌 , Suicide 🔲 , Homicide 🔲 , Undetern	mined cause [].
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
I.V. Decine "D. N.V. Wenning M. D.	M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	-23-1956
28. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Spectr): 1-24-56	mun Park Fresther	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	PUNERAL DIRECTOR	ADDRESS
REG. 1. 24-56 XW. Marry N. 160	Sunt H. Mallingly	
V		

TILLVII A E

9961 1 83.

OB ANERT

OR HOSPITAL: The law requires that the death

The bottom copy may be retained by the hospital or attending physician.

ATTENDING PHYSIC

P

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 60

Home Hostfrere Marchan

copy of	MARYLAND STATE DEPARTMENT 60 CERTIFICATE			00090	
<b>hours</b> after death. ctor, the third co	1. PLACE OF DEATH  COUNTY  Allegany  Maryland  CITY (If outside corporate limits, write RURAL OR and give nearest lown)  OR and give nearest lown)  (in this place)	STATE S Mary	LE (HOME) OF DECEASES  Land COUNTY Alle  Je Smits, write RURAL and give need	gany	
within 72 hour	HOSPITAL OR INSTITUTION OR Allegany County Infirmary	STREET ADDRESS 5 Sta	tburg (H rural give location) ndish Street	62	
istrar	5. SEX   6 COLOR OR   7. SINGLE, MARRIED,   8. DATE O	(Last)  11ivan  F BIRTH 9	4. DATE (Month) OF DEATH Januar  AGE lest birthday   IF UNDER	4 . 2 . 11 2	
with the filled in	10s. USUAL OCCUPATION (Giva kind of work done during most of working life, even if	/1883  11. BIRTHPLACE (State or foreign  Vale Summit,  14. MOTHER'S MAIDEN N  Elizabeth	Maryland	Deys Hours Min.  Citizen of What COUNTRY?  U. S. A.	
h certificate be fited an and completely a burial transit pe	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  [Yes, not or unk.] [If Yas, give wer or deles of service)  16. SOCIAL SECURITY NO.  [If Yas, give wer or deles of service)  16. MEDICAL CER	17. INFORMANT & AL		NTERVAL BETWEEN ONSET AND DEATH	
ires that the death attending physician stached for use as	ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)  C)  OPTILE  OFFICE  OFFIC	al arter	i ose leroses	>	
the de	196. DATE OF OPERATION 1996. MAJOR FINDINGS OF OPERATION	& Psyc	foset,	20. AUTOPSY?	
ror: The law executed by mbly should b	OR CONTRIBUTING CAUSE OF DEATH   OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR?		ty) (State)	
RECTOR Seen exec assembly	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED While Not while 1 Not while 1 at work 1 et work 1 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
NERAL DIRECTOR: The laving the street has been executed by the certificate assembly should 1-55 10M.	signature  Signature  Accepted to Lean M.D.	M, from the ca	uses and on the date states  (Street, city, town, state)	d above.  DATE SIGNED  /-/6-56	
TO FUNI certific death VS A15C 1:	23. BURIAL, REMATION, REMOVAL (SPECIFY)  Burial 1/17/56 St.Michael  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	S Cemotory  25. FUNERAL DIRECTOR'S SI	Frostburg, Ma	_ ` `	

K. Thanis, M.D.

J. . . T. ε, ,

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00091

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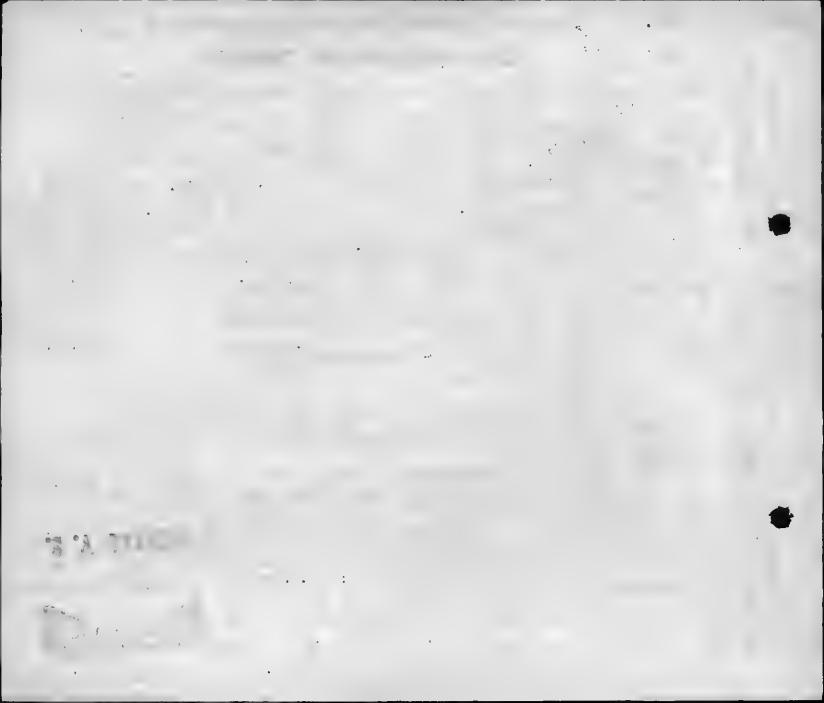
# CERTIFICATE OF DEATH

Reg. Dist. No.....

	1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DE	CEASED	
	COUNTY Allegany	CARVEAND	STATE Md.	COUNTY	Allegany	r
	CITY (If outside corporate limits, write RURAL LE)	NGTH OF STAY (in this place)	CITY (¶ outside corpo	rate limits, write RURAL er	d give neerest town	
	TOWN Zihlman	fin tura biacat	řówn Zihlm	on FROS	TRURG	
	HOSPITAL OR		STREET	(If rurel giv		3
	INSTITUTION OR STREET ADDRESS D D /// D D === 7.0.4		ADDRESS	110 D 70		
	3. NAME OF (First) [Middle	1	(last) R.D.	#2 Box 32		(Yeer)
	DECEASED (Type or Print)		frank	OF DEATH "	(5-0)	(,,,,,
	JUEN	<u> </u>	WEEN		15	19 56
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF	BIRTH	9. AGE last birthday	Months   Days	Hours   Min.
	MALE WHITE (Specify Jarri	ed 4-4	-1897	58 yrs		
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUS		11. BIRTHPLACE (State or fore	gn country)	12. CITIZE	EN OF WHAT
1	retired) Insulation Colane		Zihlman.	Md.	U.S.	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	William Sween		Morry Flag	abeth Ste	1703	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	AL WEURITEND	17, INFORMANT &			Dan 304
1	Yes no, or unk. (If Yes, give wer or detes of service)	027 025	T-1 C		.D. #2,	
1	Yes :   World War I	MEDICAL CER	John Swe	en, Jr	Frostbur	ERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A MEDICAL CER.	ILLICATION			SET AND DEATH
	/ IMMEDIATE CAUSE (A)	richeros			ا ا	10 115
	ANTECEDENT CAUSE(S) DUE TO		7			11
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	66186160	2 love or		ما	1700, Chr.
	STATING UNDERLYING CAUSE LAST. DUE TO		1-4	1 12	· Caro G .	14
	(C) (L T	ECKNEC-734	- Storage	M. The	- 6 - C -	31-70 2 ~
	IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			//		
	DISEASE OR CONDITION CAUSING DEATH.					************
h	190, DATE OF OPERATION 196, MAJOR FINDINGS OF OP	production of	1.5 Ste 12	ach.	YES	D. AUTOPSY?
	21a. ACCIDENT WAS UNDERLYING     21b. PLACE (Home, form		Ic. WHERE DID INJURY OCCU		(County)	(Stete)
	OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office b	ldg., etc.)				
	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJUR		IF. HOW DID INJURY OCCU	R7		
	M. al work	Not while				
	22. I hereby certify that I attended the deceased f	yam 4 /15	10.55 10 /	116 1956	that I last say	u the deserred
	11					
5	alive on, 19, and that	death occurred at.	And	causes and on the d RESS (Street, city, town		e. Date signed
10M	11066	- 2-2) MD	7-	May-	ا رس	11/2/-/
1-55		M. D.	REMATORY	LOCATION (City, town	or county)	(Slate)
A15C	REMOVAL (SPECIFY)		1 2 5	1 14		
		ostourg 1	emorial Par	k Frostbu	rg	Md.
<b>^</b>	1 ./-	1/12.	25. FUNERAL DIRECTOR'S	23 Eas	st Main	
	200 1-17-5-10 DILL MALLE	11. 112	10. 11 v 16 311 a	The - 13		

DECEIVED 1356

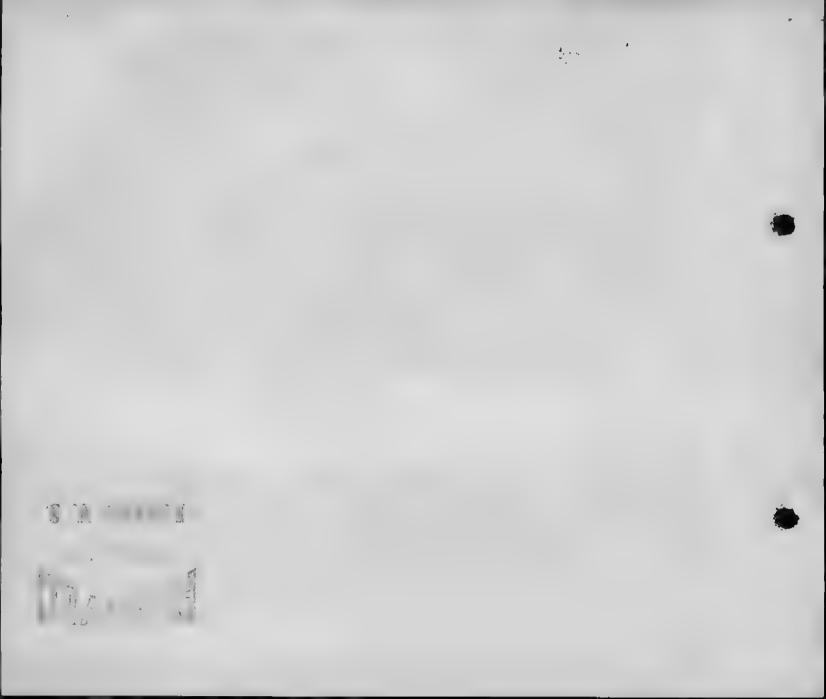
commorate limits MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 ... After copy CERTIFICATE OF DEATH 61 death. Reg. Dist. No..... P 2. USUAL RESIDENCE (HOME) OF DECEASED Ä 1. PLACE OF DEATH aff ALLEGANY COUNTY ALLEGANY MARYLAND COUNTY ALLEGARY
(Il outside corporate limits, write RURAL and give neerest town) MARYLAND 72 hour CITY LENGTH OF STAY (II outside corporate limits, write RURAL CUMBERLAND, (in this place) 9 DAYS TOWN CUMBERLAND TOWN (If rural give location) HOSPITAL OR STREET **ADDRESS** INSTITUTION OR within STREET ADDRESS 118 N. SPRUCE ST MEMORIAL HOSPITAL (Last) 4. DATE (Month) (Year) 3. NAME OF (Middle) (First) DECEASED registrar by the fi FRANCES TEETERS ,56 DEATH JAN. (Type or Print) IF UNDER 1 YEAR HE UNDER 24 HRS 6. COLOR OR 8. DATE OF BIRTH 9. AGE lest birthday S. SEX SINGLE, MARRIED, WIDOWED, DIVORCED, RACE Months Hours FEMALE (Specify) SINGLE APR. 17 £ .5 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT filed filed OR INDUSTRY COUNTRY? dona during most of working life, even if permit. Dayton, Ohio. None None 14. MOTHER'S MAIDEN NAME filed 13. FATHER'S NAME completely CROUSTER, JEANNETTE TEETERS John physician. 17. INFORMANT & ADDRESS IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. certificate (Yes, no, or unk.) (II Yes, give wer or detes of sarvica) buria Mrs. Bertha Gomer None Switerlan 1 No and INTERVAL BETWEEN 18. MEDICAL CERTIFICATION ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH physician or attendi requires that the death the attending physician Cara IMMEDIATE CAUSE use DUE TO ANTECEDENT CAUSE(S) e attending pl DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. by the hospital DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 20. AUTOPSY? 9 19b. MAJOR FINDINGS OF OPERATION TO FUNERAL DIRECTOR: The law certificate has been executed by it Inoperable Carcusuma Pegarocol YES 🗍 NO F should 21c. WHEREGID INJURY OCCUR? (City or town) 26. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 21b. PLACE (Home, farm, factory, (State) OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) assembly 21e. INJURY OCCURRED 2H, HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) While Not while at work at work 19 6 that I last saw the deceased 5 19.56 to 22. I hereby certify that I attended the deceased from ...... certificate copy 1, 19 5 and that death occurred at 3:35. A Mam/the causes and on the date stated above. alive on..... ADDRESS (Street, city, town, state) SIGNATURE TOM auch death ce A15C 1-55 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county (State) 23. BURIAL, CREMATION, DATE THÉREOF REMOVAL (SPECIFY) 5-705/ Durial REGISTRAR'S SIGNATURE ADDRESS. 245 REC'D BY REGISTRAR 25. FUNERAL DIRECTOR'S SIGNATURE burberland, "H. Charles L. Ceorge



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ect		iteliopsi.
correc	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  1. PLACE OF DEATH:    2. USUAL RESIDENCE (HOME) OF DECEASED:	No. 4
The		
T.	county Allegany MARYLAND STATE Md. COUNTY Allegan	<u> </u>
carefully. The	CITY (If outside corporate limits, write RURAL on and give nearest town) town Cumberland LENGTH OF STAY OR TOWN Cumberland Cumberland Cumberland	give nearest town)
n care y and	HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Fifth St.  STREET ADDRESS 17 Fifth St.	
tio	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED: T	(Year)
ma	(Type or Print) James . Trigg DEATH Jan. 29	19 56
f information death clearly	5. SEX: 6. COLOR OR BACE: WIDOWED, DIVORCED, S. DATE OF BIRTH: 9. AGE last birthday: IF UNDER IY WIDOWED, DIVORCED, Specify): 1707COQ ADRIL 1-1891 64 yrs Months Da	Ilours Min.
every item of he causes of d	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
iter ses	Macven' if retired): Telmor-Jolt C for e D.O Ry. (rural) Su berland . M. II. FATHER'S NAME:	.j., .
a de sus		
E C	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS:	
M P4	(1es, no, or unk.) (II ies, give war or dates or	
Bartig's pred	1298-C1-)467   Caroticriciay on Grigg, Cumpo	rland, l'd.
Supply write	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
G INK.	Immediate cause (a) Chronic myocarditis (sudden death)	Ç
MAKGIN RESUNFAUNG	Antecedent cause(s) Coronary selected	2
ADIN(	Antecedent cause(s)  Diseases or conditions, if any, (b)  Giving rise to the above cause DUE TO  Coronary sclerosis  transulated hernia	111 111111 ph 111 1111
ARGIN INFAD 'hysicia	rection underlying cause lest	
A Na	IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
M TH TH	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
, WITH	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No [
2.5	21s. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory, PRIMARY   or CONTRIBUTING   OF street, office bldg., etc., INJURY   INJURY   CAUSE OF DEATH.	(State)
PLAINLY pecially im	21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?   OF While at Not while   Not work □ at work □	
- Inde	22. I hereby certify that I took charge of the remains described above, held an Autopsy [3], Inspection [3],	Inquiry El, and
WRITE ge is es	find that death resulted from: Natural causes : Accident : Suicide : Homicide : Undeter	
RIT is	SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
≥ ee	H. V. Dening 1. D. M. L. assistant medical exam. The	-22-1955
<b>运</b>	23. BURIAL, CREMATION, DATE THEREOF THEMEOF CEMETERY OR CREMATORY LOCATION (City, Mown, or por BEMOVAL (Specify):	inty) (State)
A	Outeal San/31/936 Molecres Bureal land Mamber and	Mareyana
LEASE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS

VS. A15A - 5 - 53



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	KIILICH	IL OF DE	A 1 1 1	4
Item 9, FilmG192 2-6-56 et			Reg. D	ist. No
1. PLACE OF DEATH	<del></del>	2. USUAL RESID	ENCE (HOME) OF DECEAS	JED
COUNTY Allegany	MAMWA SAID	CTATE (CONTROL	C.F.A. viulios - E.c.o.	A 7 M 11
CITY (If outside corporate limits, write RURAL	MARYLAND LENGTH OF STAY		Porete fimile, write RURAL end give	
Town Cumberland	(in this piece)	OR		,
HOSPITAL OR	70 yrs		erland	•
INSTITUTION OR		STREET ADDRESS	(H rural give location	•
street address 216 Davidson			Davidson, St	
3. NAME OF (First)	(Middle)	(Lesi)	4. DATE (Month)	(Dey) (Year)
	David	alker	DEATH Jap.	34 1956
S. SEX 6. COLOR OR 7. SINGLE, N	ARRIED, 8. D	ATE OF BIRTH	9. AGE lest birthdey IF UN	DER 1 YEAR   IF UNDER 24 HRS
RACE WIDOWED	DIVORCED,	ig. 30, 1883	1/5 72 yrs. Month	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work   1Db	. KIND OF BUSINESS	1 11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT
done during most of working life, even # retired) Painter B.C Rail	OR INDUSTRY	Sumberland,	1.9	COUNTRY?
13. FATHER'S NAME	1 044	14. MOTHER'S MAIDE		U J i i
Javid Walker				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	Late and a granter		. Litzenburg	
(Yes, no, or unk.)   (If Yes, give wer or deter of service)	16. SOCIAL SECURITY N			
.10	705-05-455		valker- Cumbe	
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	10. MEDICAL	CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
TO IL M	- '	C/ 6.		60%
IMMEDIATE CAUSE (A)	price	21.5.6-166		1-800 8 21
ANTECEDENT CAUSE(S) DUE TO	v 1. 66	the licenies		1500
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING LINDERSYING CAUSE LAST DUE TO	To be by a second	1/00		7 - 3
STATING UNDERLYING CAUSE LAST. (C)	Kit Tensel	(1a)		160
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				3) 16 1 3
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.				
	NGS OF OPERATION			20. AUTOPSY?
				YES NO
216. ACCIDENT WAS UNDERLYING   216. PLACE ( OR CONTRIBUTING   CAUSE OF DEATH ( (IF EITHER, NOTIFY MEDICAL EXAMINER)	Home, farm, fectory, eet, office bldg., etc.)	21c. WHERE DID INJURY OCC	UR? (City or town) (C	ounty) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)	2ie. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCC	:UR ?	
М, [	at work et work			
22. I hereby certify that i attended the d		110		
alive on	and that death occurre			sted above.
/ //			DRESS (Street, city, town, state)	11 -01
61 / h/111150	M.D.			tel The 16.
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  DATE THEREOF	NAME OF CEMETER	T OR CREMATORY	LOCATION (City, town, or cou	nty) (State)
Burial 1/37/56	liose H		Cumberland,	Fd.
24 REC'D BY REGISTRAR REGISTRAR'S SIGNA		25. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS
1011-10-111111-	// 4	A IN ( PIR Y)	Ony Towl and	W 7

so be executed within 24 hours after death, the moistrar within 72 hours after danh. in by the funeral director, the third col director, ATTENDING PHYSICAL OR HOSPITAL: The law requires that the death certifical The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. **NSTRUCTIONS** 

After this by of this

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 64 CERTIFICATE OF DEATH

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A.A				vea.	<b>PIEC. 1401</b>	
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED				
	COUNTY ALLEGANY MARYLA	N.D.	STATE MARYLAND	COUNTY ALL	EGALLY	
	CITY (If outside corporete limits, wate RURAL   LENGTH OF			te limits, write RURAL and giv		
1	OR TOWN and SIVCUMBERLAND	<b>Y</b> 5	TOWN CUMBERL	.AND		
	HOSPITAL OR		STREET	(If rurel give loce	tion)	5 100
	INSTITUTION OR MEMORIAL HOSPITAL		ADDRESS	FIRST	,	/
	3. NAME OF [First] (Middle)			4. DATE (Month)	(Day)	(Y++c).
	DECEASED FRANK	WE	AVER	OF JAN.	11	56
-1	(Type or Print)					15
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWELL MARRIED (Specify) MARK TED	8. DATE OF			NDER 1 YEAR	Hours   Min.
-1			2,7599	JO AR		
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	1	1. BIRTHPLACE (Stelle or foreign	country)	12. CITIZEI	N OF WHAT
Д	ratified) BOILER MAKER-B&O R.R.		PENNSYLVANIA	Rockwood	U.S	5.A.
П	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		·	
	JOHN WEAVER		GERTRUDE YOU	INKIN		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU	RITY NO.	17. INFORMANT & AD	ORESS		
	Nos. ne Mhk.) (If Yes, give wer or deles of service)	MII-	Sarah Vea	ver ISS I.	Ist.	St
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ICAL CERT	IFICATION		, INTE	ET AND DEATH
	10-14				- 4	
		Carcino	ma of stomach		02	months
	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)					
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO					
	STATING UNDERLYING CAUSE LAST. (C)					
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CORONS TO Art. 01	TNJ	7 31	32 3 D2 -	1 1 1	
	D SEASE OR CONDITION CAUSING DEATH. COPONARY AFTE	ry Dise	ase and Myocar	dlai Disease	42	years
7	19. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION					. AUTOPSY?
7]	July 28, 1955 Extensive Carcin		stomach  where did injury occur?	(City or Inwa)	(County)	(Stete)
	21e. ACCIĎENT WÁS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.) [IF ETHER, NOTIFY MEDICAL EXAMINER]	-	THIRL DID HOOK! O GOOK!	(Cit) or town)	(Coam)	(2000)
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)   21e, INJURY OCCUR		IF. HOW DID INJURY OCCUR?			
	M. et work et w	while				
	22. I hereby certify that I attended the deceased from No	ovember	299 55 to Janu	axx	at I last say	the deceased
	alive on January 10,19.56, and that death of					
ž.	SIGNATURE			ESS (Street, city, town, stets		ATE SIGNED
2	Marion Theorem Roll	-M.D. 50	Pershing St	Cumboul and M	a 1/	11/56
<u>"</u>		EMETERY OR C	Pershing St.,	LOCATION (CITY, TOWN, or	ounty)	(Stete)
12	Burial I-T4-56 Hillo		urial Fark			
2	2/4.) REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS	
	100/11/10-1 11-t 1 First	MX	James F. Sc	er elli un	aherl	n-1 -3

OR HOW TAL: The law require that the destrucenting

To prefer the BRETOR: The war requires that the destination is filled with the existinary within 72 Bouns after leath. A certificate has been executed by the attending physician and completely filled in by the funeral director, the third-copy death certificate assembly should be detached for use as a burial transit permit. The bottom copy may be retained by the hospital or attending physician.

# BUREAU V. L.

DECEIVED

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00096

# 65 CERTIFICATE OF DEATH

Reg. Dist. No. 4

COUNTY Allegany County MARYLAND STATE MATYLAND COUNTY Allegany	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
CITY (if cultide corporate limit, write RURAL or control of the place)  Control of the several town)  Control of the place and the place of the plac	COUNTY Allegany County MARYLAND	STATE Maryland county Allegany
TOWN Cumberland, MG  HOSPITALORS SACTED (PUTU)  JOSEAN STREET ADDRESS SACTED HEATT HOSPITAL  JAME OF DECEMBED (Putu)  JOSEAN GOOR OF (PUTU)  SACTED (PUTU)  JOSEAN GOOR OF (PUTU)  JOSEA	CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	
HOSPITAL OR BISTRETION OR STREET ADDRESS  220 Cecelia St.  220 Cecelia St.  3. NAME OF Gird) (Moddle) (Leat)  DEATH Jan 6, - 156  SEX 6. CO.OR OR 7. SINGLE, MARRID, B. DATE (Month) (Day) (Year)  DEATH Jan 6, - 156  FACE BY MYCOMED, DIVORCED, (Moddle) (Leat)  DEATH Jan 6, - 156  FACE BY MYCOMED, DIVORCED, (Moddle) (Leat)  DEATH Jan 6, - 156  FACE BY MYCOMED, DIVORCED, (Moddle) (Leat)  DEATH Jan 6, - 156  FACE BY MYCOMED, DIVORCED, (Moddle) (Leat)  DEATH Jan 6, - 156  FACE BY MYCOMED, DIVORCED, (Moddle) (Leat)  DEATH Jan 6, - 156  FACE BY MYCOMED, DIVORCED, (Moddle)	I TOWN I Tifatama	TOWN
STREET ADDRESS Sacred Heart Hospital  220 Cacelis St.  A PARE (Menth)  (Dev)  (Free)  DEATH Jan.  5. SEX  6. CO.OR OR  7. SINGLE, MARKED, (Specify)  1. SINGLE, MARKED, (Specify)  1. SINGLE, MARKED, (Specify)  1. SOUTH OF BRITH  9. AGE lest birthdey  IF UNDER YEAR IF UNDER YEAR  Months Days Heavis Min.  100. USHA COCORNICOL (Specify)  OR ROUSTRY  OR ROUSTRY  None of the delivery  OR ROUSTRY  None of the delivery  OR ROUSTRY  Registered Murse  Maryland Cumberland  U.S.A.  13. FATHER'S NAME  Charles I Walsh  14. MOTHER'S MARKED  (Registered Murse  Maryland Cumberland  U.S.A.  15. WAS DICASED FIRE N U.S. AMADE PORCES?  (Registered Murse  Maryland Cumberland  II. MOTHER'S MARKED  (Registered Murse  Maryland Cumberland  Norse AND Dath  II. MOTHER'S MARKED  II. BRITHPLACE (Stele or foreign country)  II. MOTHER'S MARKED  (Registered Murse  Maryland Cumberland  U.S.A.  II. BRITHPLACE (Stele or foreign country)  II. MOTHER'S MARKED  NORSE AND DATH  III. MOTHER'S MARKED  NORSE AND DATH  III. MOTHER'S MARKED  (Registered Murse  Maryland Cumberland  III. MOTHER'S MARKED  III. BRITHPLACE (Stele or foreign country)  III. COUNTRY (Months)  III. BRITHPLACE (Stele o	HOSPITAL OR	STREET (Il rurel give location)
Sacred Heart Hospital  (test)  Modals  (test)  Modals  Virginia  S. NAME OF  (trit)  Modals  Virginia  Modals  Virginia  Modals  Virginia  S. SEX  COLOR OF  7. SINGLE, MARKED. SRC  RACE  7. SINGLE, MARKED. SRC  7. SINGLE, MARKED. SRC  RACE  7. SINGLE, MARKED. SRC  RACE  7. SINGLE, MARKED. SRC  7. SINGLE, MARKED. SRC  RACE  7. SINGLE, MARKED. SRC  RACE  7. SINGLE, MARKED. SRC  RACE  7. SINGLE, MARKED. SRC  7. SINGLE,	STREET ADDRESS	
DECRASED (Type of Pinal)  5. SEX  6. CO.OG OR  7. SINGE, MARID. WIDOWED, DIVORCED, Specific Tipple 2/20-1901  10a. USLA COCUPATION, Ighe ind of work in the control of the	Sacred Heart Hospital	
S. SEX  6. COLOR OR  7. SINGLE, MARRED, DIVORCED, Specification  102 Library  103 Library  104 Library  105 Library  107 L	DECEASED	OF
Table   Specify   The property   The propert	Virginia A. We	
Tourish White Specify and of work work of country in the state of the specific and of work work in the state of the specific and specif		
105. USUAL OCCUPATION (Give hard of work done during mist of working file, even if done during most of working file, even if done during most of working file, even if dene during most of working file, even if dene during most of working file, even if dene during file file. SOCIAL SECURITY NO.   13. FATHER'S NAME	(Specify).	
Tabler's NAME   Registered Nurse   Maryland Cumberland   U.S.A.	100, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME  Charles J. Welsh  15. Was diceased ever in U. S. Armed Forces? (Yes, no, or unk.) [If yes, give wer or delea of service) (Yes, no, or unk.) [If yes, give wer or delea of service) (Yes, no, or unk.) [If yes, give wer or delea of service) (In mediate cause  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  27   (Inmediate cause (A)	retired)	
Charles J. Welsh  15. Was decasted ever in u. S. Armed Porces?  (16. Social Security no.  17. Informant & address  18. Medical Country  19. Mother of dates of service)  19. Mother of dates of service)  10. Social Security no.  10. Notice of dates of service)  10. Notice of dates of service)  11. Informant & address  12. Informant & address  13. Medical Certification ones and death of service of dates of service)  12. Informant & Anticedent Cause (A)  13. Medical Certification ones and death of service of service of dates of service)  14. Anticedent Cause(S)  15. Medical Certification ones and death of service of dates of service o		The state of the s
15. WAS DECEASED EYER IN U. S. ABMED FORCES?  (Per no, or unk.) [If Yes, give wer of dates of service)  10. SOCIAL SECURITY NO.  10. WAS DECEASED EYER IN U. S. ABMED FORCES?  (Per no, or unk.) [If Yes, give wer of dates of service)  10. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY,  (B)  DISEASES OR CONDITIONS, IF ANY,  (B)  DISEASES OR CONDITIONS, OF ANY,  (B)  DISEASES OR CONDITIONS, OF ANY,  (B)  DISEASES OR CONDITIONS CONTRIBUTING  COLLEGATION  (C)  11. COLLEGATION  (C)  12. AUTOPSY?  YES DISEASES OR CONDITIONS CONTRIBUTING  DISEASES OR CONDITIONS CONTRIBUTING  (C)  13. AUTOPSY?  YES DISEASES OR CONDITIONS CONTRIBUTING  (C)  14. COLLEGATION  (C)  15. AUTOPSY?  YES DISEASES OR CONDITIONS CONTRIBUTING  (C)  16. SOCIAL SECURITY CONDITIONS CONTRIBUTING  (B)  DISEASES OR CONDITIONS (CONTRIBUTING CONTRIBUTING CONTR	10. Istesing a parate	
Comparison of the control of the c		
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  27 IMMEDIATE CAUSE (S)  DUE TO  DISEASES OR CONDITIONS, IF ANY  (B)  DUE TO  DISEASES OR CONDITIONS CAUSE(S)  DUE TO  DISEASES OR CONDITIONS (ALUE OF LAST)  DUE TO  DISEASES OR CONDITIONS  DUE TO  DISEASES OR CONDITIONS  COUNTRIBUTING  DISEASES OR CONDITIONS  DUE TO  DISEASES OR CONDITIONS  DISEASES OR CONDITIONS  DUE TO  DISEASES OR CONDITIONS  DISEASES OR CONDITIONS  DUE TO  DISEASES OR CONDITIONS  DISEASES OR CONDITIONS  DIS		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY,  (B)  CONCENSIONED CAUSE (S)  DISEASES OR CONDITIONS, IF ANY,  (B)  OF LOCATION (C)  IT OWER SIGNIFICANT CONDITIONS CONTRIBUTING  (C)  IT OWER SIGNIFICANT CONDITIONS CONTRIBUTIONS  (C)  IT OWER SIGNIFICANT CONDITIONS CONTRIBUTIONS  (C)  IT OWER SIGNIFICANT CONDITIONS  (C)  IT OWER SIGNIFICANT CON		Fdward Velsh Gumbers na, a.
ANTECEDENT CAUSE (A)  OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE UDGETING CAUSE LAST UDGETING  100  ACCIDENT WAS UNDERLYING OF CONDITIONS CONTRIBUTING OF CONTRIBUTING CAUSE ACT OF FINURY Street, office bidg., etc.)  216. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER)  216. THE OF INJURY (Monih) (Day) (Year) (Hour) 21e. INJURY OCCURED White Street, office bidg., etc.)  22. I hereby certify that I attended the deceased from 19 work 19 wo	18. MEDICAL CE	
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO  CONTRIBUTION CONDITIONS CONTRIBUTIONS  TO WHE PEATH BUT NOT RELATED TO THE  DEFEASE OR CONDITION CAUSING DEATH  199. DATE OF OPERATION  198. MAJOR FINDINGS OF OPERATION  216. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)  221d. TIME OF INJURY (Monik) (Day) (Yeer) (Hour)  21e. AUGUST WHERE DID INJURY OCCUR?  White  M. et work et work  et work  AND REMOVAL (SPECIFY)  BUT 12  CAUSE OF DEATH  M. D. CAUSE OF DEATH  AND THE THEREOF  NAME OF CEMETERY OR CREMATORY  BUT 12  LOCATION (Chy, Town, gete)  DATE SIGNATURE  (Stere)  CAUSE		10 m ered a re
DISEASES OR CONDITIONS, IF ANY, GROWN RISE TO THE ABOVE CAUSE LOT DUE TO CONTRIBUTING CAUSE LOT THE ABOVE CAUSE LOT THE ABOVE CAUSE LOT THE ABOVE CAUSE LOT THE ABOVE CAUSE LOT THE DEATH BUT NOT RELATED TO THE DEATH BUT	IMMEDIATE CAUSE (A)	The little market
STATING UNDERLYING CAUSE LAST. DUE TO (C)  IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS (C)  IL OTHER DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED	ANTICOUNT CAUSIO	winit 11 askulm Draken ?
STATING UNDERLYING CAUSE LAST. DUE 10 COMMITTED TO 10 COMMITTED TO 10 COMMITTED TO 10 COMMITTED TO 11 COMMITTED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT	GIVING RISE TO THE AROVE CALLSE	
TO THE DEATH BUT NOT RELATED TO THE    SEASE OR CONDITION CAUSING DEATH     19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?   YES   NO   1/2     21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bidg., etc.)     21d. TIME OF INJURY (Monih) (Day) (Year) (Hour)   21e. INJURY OCCURRED   White of work   stwork	STATING UNDERLYING CAUSE LAST, DUE TO	Cualinas Tune I all ter wa
DERASE OR CONDITION CAUSING DEATH  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OF INJURY street, office bldg., etc.)  21c. WHERE DID INJURY OCCUR? (City or lown)  21c.		
19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO DEATH OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) OF INJURY street, office bidg., etc.)  21d. TIME OF INJURY (Monih) (Day) (Yeer) (Hour) 21e. INJURY OCCURED M. While al work of work o	OTO THE DEATH BUT NOT RELATED TO THE	melletine ?
216. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OF INJURY Street, office bidg., etc.)  21d. TIME OF INJURY (Monih) (Day) (Yeer) (Hour) 21e. INJURY OCCURED White et work et work et work   21l. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from		20 AUTOREY2
OF CONTRIBUTING CAUSE OF DEATH  OF INJURY Street, office bidg., etc.)  21d. TIME OF INJURY (Monih) (Day) (Yeer) (Hour) 21e. INJURY OCCURED While of work Det while of work 1 last saw the deceased alive on	178. DATE OF OPERATION	
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURED White et work 21e. Injury OCCUR?  22. I hereby certify that I attended the deceased from 19. 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	21e. ACCIDENT WAS UNDERLYING []   21b. PLACE (Home, farm, fectory,	21c, WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Monih) (Dey) (Yeer) (Hour) 21e. INJURY OCCURED Not white with the last saw the deceased from 19 miles, to 19 miles,	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	
22. I hereby certify that I attended the deceased from	21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
alive on		
alive on	22 Charakte satisficultural alternated the decreased from 3 Ch	10. Ele in la Same 10. Ele that I had any the decord
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial  LOCATION (City, town, or county)  LOCATION (City, town, or county)  St. Patrick Cem.  Cumberly M., C.		
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial I-IC-56 St. Patrick Cem. Cumplerly My, C.	alive on	it
23. BURIAL CREMATION, REMOVAL (SPECIFY) Burial I-IC-56 St. Patrick Cem. Cumberly M.D. (Siete)	Ina 111 and Man owner	
Burial I-IC-56 St. Patrick Cem. Cumberly no.		
	REMOVAL (SPECIFY)	
	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	28 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 1-10-56 Wester R. Franty May James F. Sor Fiell Combirt no, d.	DATE 1-10-56 Wenter R. Franky My	James F. Sorriella Crineri na, d.



law requires that the death certiful

The bottom copy may be retained by the hospital or attending physician.

INSTRUCTION

PLACE OF DEATH

#### CERTIFICATE OF DEATH 66

1 2. USUAL RESIDENCE (HOME) OF DECEASED

COUNTY	Allegany	MARYLAND	STATE Mary	land COUNTY	Allega	any
CITY (II outside	corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corp	oceta limits, write RURAL a	nd give neerest towr	n)
OR end give r	Cumberland	11/28/55	TOWN Cum	berland		4 2
HOSPITAL OR	o deliber rain	11/20/55	STREET	(Il ruref giv	(a location)	
INICTITUTION OF	Allegent Count	Ten Cd name a name	ADDRESS	***		/
STREET ADDRESS	Allegany Count	y murrinary	523	Oldtown, 1	noad	
3. NAME OF DECEASED	(First)	(Middle)	(Lest)	4. DATE (Mon	ith) (Day)	(Year)
(Type or Print)	John	F. Wen	npe		anuary 1	12, 19 56
5. SEX   6.	COLOR OR 7. SINGLE, M			9. AGE lest birthday	IF UNDER 1 YEAR	IJF UNDER 24 HRS.
Male	RACE WIDOWED	, DIVORCED,			Months Days	Hours   Min.
	White (Specify)	THE COUNTY OF THE PROPERTY OF	6/1872	83 ул.		
10e, USUAL OCCUPAT	TION (Give kind of work 10b.	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sieta or for	eign country)		EN OF WHAT
retired) Reti	red-Janitor-Ev	ve. Times New!	s. Cumberland	1. Maryland	a II.	S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
	Francis We	emn e	Manar 1	Koelker		
SE WAS DESCRIPED	EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &			
	Il Yes, give war or detes of service)	16. SOCIAL SECORIT NO.			0.0	-
Po	19 1909 3110 9101 01 00100 01 10191009		- Allegan	County In	ai'irmary	7 Record
* MECACE OD CO.	DIVIDUE BIRECULV LEADING TO BE	18 MEDICAL CER	ITIFICATION			ERVAL BETWEEN
DISEASES OF COM	EDITIONS DIRECTLY LEADING TO DE	101	~/	7 .	OA.	ISET AND DEATH
DO T NIMMED	MATE CAUSE (A)	Villecon	ary they	Doctario		10krs
ANTECE	DENT CAUSE(S) DUE TO	Pl. S.	7/ /	1 +		7
DISEASES OR CONDI	AROVE CALISE	Monie	Myseus	survey_		
STATING UNDERLYIN	G CAUSE LAST. DUE TO	Cerebra	I Krter	iosclero.	200	?
	T CONDITIONS CONTRIBUTING		0			
	NOT RELATED TO THE	Dece	Le por	moses		?
194. DATE OF OPERA		NGS OF OPERATION	//////		2	O. AUTOPSY?
					YES	s 🗌 NO 🔯
210. ACCIDENT WAS OR CONTRIBUTING THE	CAUSE OF DEATH   OF INJURY BIT	Home, ferm, fectory, 2 set, office bldg., etc.)	21c. WHERE DID INJURY OCC	JR? (City or fown)	(County)	(Stote)
21d. TIME OF INJURY		21e, INJURY OCCURRED	211. HOW DID INJURY OCC	UR ?		
	A.	While Not while et work				
	2710 1		8 5/ 1/2	10 51		
	ertify that I attended the d					
	zee 12, 19.56.	and that death occurred at				ve.
SIGNATURE	5 mc	P	ABS	RESS (Street, city, low	n, state)	DATE BORNES
you	cero. 1 /	reach M.D.	4921	reces &	7.	1-13-5
23. SUPIAL, CREMAT	ION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town	n, or county)	(State)
REMOVAL (SPECI	m I-I6-56	St Poton	→ Paul Cem	Cumberla	nd 'd	
240 REC'D BY REGIST			25. FUNERAL DIRECTOR'S		ADDRES	c
A LEC D BI KEGISII	REGISTRAR S SIGNA	77 1-m A		- 1 - 4	Cumberla	
50001.16	956 1//1MO1 K	· 180410-11100		Scare	A COURT OF THE PARTY	and de la constant

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## CERTIFICATE OF DEATH

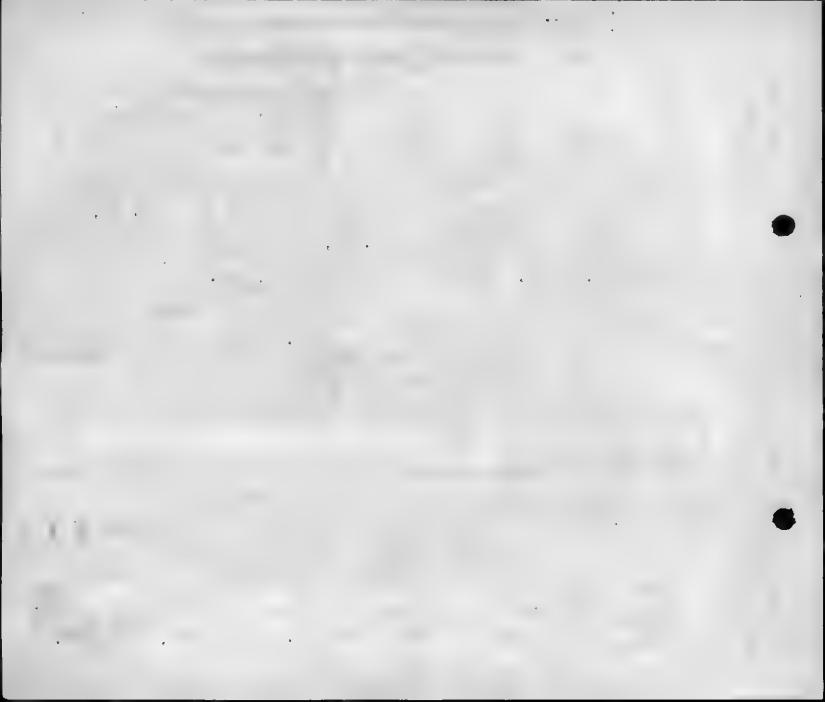
			1	
Reg.	Dist.	No.	6	

I. PLACE OF DEATH	A	2. USUAL RESIDEN	ICE (HOME) OF DECEASE	D
COUNTY Allegany	MARYLAND	STATE Md.	COUNTY Balt	imore
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		rete limits, write RURAL and give ne	
4 Town westernport	I week	TOWN Balti	more	3V01-4
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rure) give location	
STREET ADDRESS Ross Stre	et	6211	Catalpha Road	L
3. NAME OF (First) (A	(iddle)	(Last)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Arthur Coyle	Wil	e.ÿ	DEATH Jan.	11. 1956
5. SEX   6. COLOR OR   7. SINGLE, MARRIEL	, 8. DATE C		9. AGE lest birthdey   IF UND	R 1 YEAR HE UNDER 24 HRS.
Male White SpecifyMari	100 Aug.	23, 1902	53 yrs. Months	Deys Hours Min.
	OF BUSINESS NDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT
(Retired) B.& O.Ry. Engir		Deer Park.	Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Jacob Wiley		Elizabeth	Steiding	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16.	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	
(Yest 10, or unk.) (If Yes, give wer or deles of service)	6-03-243	/ Mrs. Pes	irl W. Wiley	(Wife)
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CEN	TIFICATION		INTERVAL BETWEEN ONSET AND DEATH
01	' · · · >	ed la Vin		6 mo
A MANEDIATE CAUSE (A)	mic re	Japan 3		6 1110
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	, Shetes	mellet	4-7	19300.
GIVING RISE TO THE ABOVE CAUSE				0
STATING UNDERLYING CAUSE LAST, DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
194. DATE OF OPERATION 196, MAJOR FINDINGS O	F OPERATION			20. AUTOPSY?
				YES NO
21e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. PLACE (Home, OF INJURY street, off		Ite, WHERE DID INJURY OCCU	R? (City or town) (Con	uniy) (State)
While	reg Not white reg	211. HOW DID INJURY OCCU	R?	
M, et wor	13.4	7	1 1 1	
22. I hereby certify that I attended the deceas				
alive on Manual 1, 19 5 Cm., and t	hat death occurred at	A.J. M. Irom the c	auses and on the date stat	ed above.
SIGNATURE A		ADDI	RESS (Street, city, town, stele)	DATE SIGNED
1 Velderry	M. D.	Tuesman	10-0a	- 1/12/56
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR		LOCATION (City, fown, or count	(Stole)
Burial   1/14/56/	Queens Po		Keyser	W. Va.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	11:00	25. FUNERAL DIRECTOR'S		ADDRESS
1 12-17 12 1	Nonn-	10 11 7/11	D 1/2	71- 72

**MSTAUCTIONS** 

executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICALN OR HOSPITAL: The law requires that the death certifi The bottom copy may be retained by the hospital or attending physician.



	death clearly and legibly.	MEDICAL EXAMINER'S CEI	RTIFICATE OF DEATH	No. 9
	2	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
Ę	oly.	COUNTY Allocany - MARYLAND	STATE IId COUNTY Allog	0.41
1	87.7	CITY (If outside corporate limits, write RURAL   LENGTH OF STA OR and give nearest town)	Y CITY (If outside corporate limits write RURAL an	d give nearest town)
- 3	9 e	2 TOWN POSSBURG 12 mo.	TOWN ural) ihlman	×
	and	HOSPITAL OR INSTITUTION OR	STREET R. F. D. 2 (If rural, give location)	
	; ~ ≓ Þ>	STREET ADDRESS Miners Mospital	Trostburg, id.	
	ar	3. NAME OF (First) (Middle) DECEASED:	(Last)   4. DATE (Month) (Da	y) (Year)
	cle		nebrenner DEATH Jan. 1	L. 19 56
	다	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED. 8. DA	TE OF RIRTH: 19. AGE last birthday: 1 tr HNDER 1	
*	dea	male RACE to WIDOWED, DIVORCED, HOV.		Pays Hours Min.
2	10 /	work done during most of work life, INDUSTRY:	ORTHOBIRTHPLACE (State or foreign country): 12	COUNTRY?
BINDING	368	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	U. Jalla
Z	the causes of d	Thomas Vinebrenner	Ida Porter	
<b>A</b>		15 WAS DECEASED EVER IN U.S. ARMED FORCES 7 16 SOCIAL SECURITY NO :	17. INFORMANT & ADDRESS:	ev
FOR	write th	(Yes, no, or unk.) (If Yes, give war or dates of service) 212-1:-6309	(wife) Cocelia Vinebrenner,	iblman 36
MARGIN RESERVI	nt. Physicians: please	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Carcinoma of the cause (a)  Antecedent cause(s)  Diseases or conditions, if any, (b)  giving rise to the above cause DUE TO stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	nia	about 2
	orta	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
1	m,	21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING INJURY.	c, 21c. (City or town) (County)	(State)
	ially i	CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) OF While at Not while work  M.  INJURY	211, HOW DID INJURY OCCUR?	
6	De F	22. I hereby certify that I took charge of the remains described	ibed above, held an Autopsy 📳, Inspection 📳	, Inquiry [3], and
	FLEASE WRITE FLAINLY, WITH age is especially important.	find that death resulted from: Natural causes Dk, Accessionature  II. V. Deming 11.D. F. J. Langer M. D.  23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETI	ident [], Suicide [], Homicide [], Undete	rmined cause [].  DATE SIGNED
ļ	421	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
i	<b>d</b>	12-16-56 My House A. For	Joseph R. Durst. From	stburg, Md.

VS. A15A - 5 - 5
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The bottom copy may be retained by the hospital or attending physician.

ATTENDING PHYSICAN OR HOSPITAL: The

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# CERTIFICATE OF DEATH

	67	RTIFICATE	OF DEA	Reg	Dist. No.	4
1	. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DEC	EASED	
_	COUNTY Allegany	KERYEAMI	STATE Maryl	COUNT	1 Le pary	
0	CITY (If outside corporate limits, write RURAL OR and give nearest town) 2 TOWN Cumberland,	(in this place)	TOWN Cu	orete Emils, write RURAL end oberland,		02.
a	HOSPITAL OR INSTITUTION OR STREET ADDRESS & M. Johnson 3+		STREET ADDRESS	W. Johnson St		/
- 52	(Type or Print)	(Middle) DETAIOCD	(Lest) TOLF ORD	4. DATE (Month OF DEATH Jar)		(Yeer) 10 50
5	6. COLOR OR 7. SINGLE, ALL WIDOWED.	ARRIED, 8. DATE C		9. AGE lest birthday		17
1	da an distance many of condition the same of	KIND OF BUSINESS OR INDUSTRY TS LOODUCE TO	11. BIRTHPLACE (Slate or for Cumberland,		12. CITIZEI	N OF WHAT
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN	1		
<b> </b>	William O. Wolford  5. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	I 17. INFORMANT &		(	[
	Yes, mo, or unk.) (If Yas, give wer or dates of service)	18. SOCIAL SECORITI NO.		hy J. Holford	Cumber 8 N. J	ohnsor
	~,	18. MEDICAL CER		1	INTE	RVAL BETWEEN
	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	acute Tryo	0-0 2		ONS	ET AND DEATH
	ANTECEDENT CAUSE(S) DUE TO	Curate 1 og a				
ţ	DISEASES OR CONDITIONS, IF ANY, SIVING RISE TO THE ABOVE CAUSE					
2	STATING UNDERLYING CAUSE LAST, DUE TO					
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
25	94. DATE OF OPERATION 196. MAJOR FINDIN	IGS OF OPERATION				AUTOPSY?
2	16. ACCIDENT WAS UNDERLYING 21b. PLACE (FOR CONTRIBUTING CAUSE OF DEATH OF INJURY street FITHER, NOTIFY MEDICAL EXAMINER)	riome, farm, factory, sal, office bidg., etc.)	21c, WHERE DID INJURY OCC	JR? (City or town)	(County)	(State)
(	1d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)	21e. INJURY OCCURRED While Not while	211. HOW DID INJURY OCC	JR?		
(		at work al work				
2	M.   1					
2	M.   : 22. I hereby cerşify that I attended the de	aceased from 175	, 19.55, 10	19.5%	, that I last say	v the deceased
2	M.   1	aceased from 175	11:35 AM, from the	causes end on the da	te stated above	v the deceased e.
2	22. I hereby certify that I attended the de elive on 15 19 JT 19 J	end that death occurred at	452 N. Cesta	causes end on the da	te stated above	e. 1/16/SZ
2	elive on 19 JZ 19	end that death occurred at	11:35 AM, from the ADI ASL N. Centra CREMATORY	causes end on the da PRESS (Street, city, town, 2 St. Aunti	te stated above	6. 4/16/52 (Siele)
2	22. 1 hereby certify that I attended the de elive on 15 19 JZ 19 J	M.D.  NAME OF CEMETERY OR  S. J. Peter	11:35 AM, from the ADI ASL N. Centra CREMATORY	causes end on the da RESS (Street, city, town, 2 C. A. Lo LOCATION (City, town,  Jumberlan)	te stated above	% (Siete)

\$ 7.

Nb.

O.

INSTRUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CERTIFICATE OF DEATH

	PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEASE	D
	COUNTY ALLEGANY	MARYLAND	STATE WEST	VIRGINIAOUNTY Har	dy
0.5	CITY (If outside corporate limits, write RU OR and give nearest town) TOWN CUMBERLAND	IRAL LENGTH OF STAY (in this place)	CITY (Il outside corp	orale limits, write RURAL and give ne DOREFIELD	S X -3
tol	HOSPITAL OR MEMORIAL STREET ADDRESS MEMORIAL	HOSPITAL & WARWICK AVES.	STREET ADDRESS	(H rural give location	
3.	NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Y
	(Type or Print) BABY	GIRL	WRIGHT	DEATH JNN.	30 19
5.	FEMALE WHITE	WIDOWED, DIVORCED,	N.30, 1956	9. AGE last birthday IF UNDE Months yrs.	Days Hours
10	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Steta or fore	nign country)	2. CITIZEN OF W
	resired) Infant		Cumberland, Ma		Ţ
13,	FATHER'S NAME		14. MOTHER'S MAIDEN		
	GLENN H. WRI			E E. EVANS	
	WAS DECEASED EVER IN U. S. ARMED F	of consider	,		
(Ya	No	None	MEMORIAL	HOSPITAL	I INTERVAL SE
7	ANTECEDENT CAUSE(S) DUE	10 Premat	usity-	14 weeks	ONSET AND
GI	SEASES OR CONDITIONS, IF ANY, (I VING RISE TO THE ABOVE CAUSE ATING UNDERLYING CAUSE LAST, (I	то			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	BUTING			
19a	DATE OF OPERATION 196. M.	AJOR FINDINGS OF OPERATION			20, AUTO
210	. ACCIDENT WAS UNDERLYING 22 CONTRIBUTING CAUSE OF DEATH O	ib. PLACE (Homa, ferm, factory, FINJURY straet, office bldg., atc.)	21c. WHERE DID INJURY OCCU	PR? (City or town) (Cou	, –
OR (IF	I. TIME OF INJURY (Month) (Day) (Yee	r) (Hour) 21s, INJURY OCCURRED While Not while M. at work at work	211, HOW DID INJURY OCCU	JR?	
(IF			10 00	14N 20 E6	last saw the d
(IF 21d	2. I hereby certify that I attend	ded the deceased from	30, 190, to	₩.₩.#\$₩, 19.⊋Ω, that I	I I I I I I I I I I I I I I I I I I I

OF THOMPSEAD STREET, TO THE REPORTED BY AT SCIENCE AND A STREET, AND THE PROPERTY OF THE PROPE

# CERTIFICATE OF DEATH

" ATTEMPT HILLIAM

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ADDRESS

# CERTIFICATE OF DEATH

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BY L	CT		mes	
Ĕ	RE	beel	95	
dob	0	35	cate	
ne postom copy may be retained by the nospital or attending physicial	FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After	0 5	artifi	ISC 1-55 10M
2011	ZER	ical	2 0	1-55
	5	ertil	199	ISC

certificate death

BY REGISTRAR

REGISTRAR'S SIGNATURE

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Allegany COUNTY STATE Maryland MARYLAND COUNTY Allegany (II outside corporete limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) and give negrest lown) (in this place) TOWN royfear Cumberland, rural Cumberland Lyrs.lmo. HOSPITAL OR (If rure) give location) INSTITUTION OR ADDRESS STREET ADDRESS Sylvan Retreat R.F.D. #6. Bowling Green 3. NAME OF (Middle) (Lest) 4. DATE (Month) (Year) DECEASED Elizzbeth Wright (Type or Print) DEATH anuary COLOR OR 8. DATE OF BIRTH SINGLE, MARRIED, 9. AGE fest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS RACE W WIDOWED, DINORCED, F 7. 1866 Months June Hours (Specify) YIS. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State opporeign country) CITIZEN OF WHAT done during most of working fife, even if OR INDUSTRY U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME Phillip Arnold Dorothy Merrill 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT & ADDRESS (If Yes, give wer or detes of service) Mrs. C. S. Eaton, Fairgo, (niece) MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH d dimmediate CAUSE (A) DUE TO ANTECEDENT CAUSEISI DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION AUTOPSY YES NO 21c. WHERE DID INJURY OCCUR? (City or town) 21e. ACCIDENT WAS UNDERLYING FT 21b. PLACE (Home, ferm, fectory, (County) (Stete) OR CONTRIBUTING TI CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) 21e. INJURY OCCURRED (Year) (Hour) 27. HOW DID INJURY OCCUR? Not while et work et work 22. I hereby certify that I attended the deceased from Jake ALL 3, 19.5 C, that I last saw the deceased with certificate a alive on Jan. 2 ......, and that death occurred at. A. M. from the causes and on the date stated above. SIGNATURE ADDRESS (Street, city, town, stete) BURJAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, lown, or county) (Stete) REMOVAL (SPECIFY) 5

DIRECTOR'S SIGNATURE

AND STATE AND STATE AND STREET OF THE STATE OF A STATE CERTIFICATE OF DEATH ALTERNATION OF A BUREAU V. S. 3251 3 NAL a relative even the a lead relative to the first the

A CALL CONTRACTOR